

THE CENTER FOR CAREER DEVELOPMENT & MINISTRY
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Registration

Samuel D. Proctor School of Theology Ministry Formation Module Program

Name _____ Date _____
Last First Middle Init.

Address _____
Street City State Zip Code

Email Address(s) _____

Tele: Home _____ Cell _____ Work _____

Date of Birth _____ Age _____ Marital Status _____

Please check your Denominational Affiliation:

- | | | |
|--|--|---|
| <input type="checkbox"/> A.M.E | <input type="checkbox"/> Regular Baptist | <input type="checkbox"/> Episcopal |
| <input type="checkbox"/> A.M.E.Z | <input type="checkbox"/> Missionary Baptist | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> C.M.E | <input type="checkbox"/> National Baptist | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> C.O.G.I.C | <input type="checkbox"/> Southern Baptist | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Church of God | <input type="checkbox"/> Progressive Baptist | <input type="checkbox"/> United Methodist |
| <input type="checkbox"/> Pentecostal | <input type="checkbox"/> American Baptist | <input type="checkbox"/> Non-denominational |
| <input type="checkbox"/> Seven Day Adventist | <input type="checkbox"/> Other _____ | |

Lay Candidate _____ Licensed _____ Ordained _____

Date First Enrolled at Samuel Proctor School of Theology _____

Please check which Module you are applying for now: (modules must only be taken sequentially and in order; please be sure you have completed all modules prior to the one you are checking)

Fall Modules

- Module 1 (ID 500)
 Module 3 (PT 536)
 Module 5

Spring Modules

- Module 2
 Module 4
 Module 6

*****Upon receipt of your application online testing assessment login will be emailed*****