OFFICE OF ADMISSIONS NTERNATIONAL GRADUATE SCHOOL OF LEADERSHIP								
		Please attach your mos recent 5 cm x 5 cm						
IDENTIFICATION					(2 in.	x 2 in.) photograp		
Full Name:						here. A close-up of hea and shoulders is preferre Do not use picture cut-ou		
FAMILY/LAST N,	AME GI	VEN/FIRST NAME	MIDDLE NA	ME (if any)	Dono			
Present Mailing Address:								
NUMBER/STREET	CITY	STATE/PRO	OVINCE	POSTA	L CODE	COUNTRY		
Address in Home Country:								
NUMBER/STREET	CITY	STATE/PRO	OVINCE	POSTA	L CODE	COUNTRY		
Phone number:	A NUMBER	Cell Phone:	OUNTRY AREA	NUMBER				
CODE COD E-mail Address:			CODE CODE	Aae:	Citizenshi	D:		
FAMILY INFORMATION		MC	NTH/DAY/YEAR	0	_	·		
Husband's Name: Anniversary:/ (m								
Anniversary:/ (m Children:	nonth/day/yea	r) Husband's Bir	thday:/_	/ (mo	nth/day/yea	r)		
Nam	ne			Birthda	y (month/da	ıy/year)		
Husband's Occupation:								
If pastor or missionary: Name of Church/Christian o His specific role:	organization: _							

## **ENROLLMENT INFORMATION**

What school year would you like to begin studies at IGSL? School year 20\_\_\_\_ 20\_\_\_\_

What program of study do you plan to pursue?

- Certificate Program
- □ Special Student (if you are only taking some PIM classes)

## **BIOGRAPHICAL INFORMATION**

Strictly follow the word limit for each section. Use the "Word Count" option under "Tools" on your Word computer program to count the number of words in each section. Please ensure that the information is complete and accurate.

- 1. How and when did you become a Christian? (200-250 words)
- 2. What do you perceive to be your strengths? What areas do you feel need for growth? (75 -100 words)
- 3. What are your spiritual gifts? (75-100 words)
- 4. What factors caused you to consider taking PIM classes. What are your expectations?



## **CHURCH AFFILIATION**

Name of the church of which you are a member: \_\_\_\_\_

## ACADEMIC BACKGROUND

	Elementary									
	High School									
College Degree:										
School's Name and Location:										
	Master's Dearee:	School's Name and Location: Master's Degree:								
School's Name and Location:										
	Doctoral Degree:									
	School's Name and Location	:								
Eng	nglish Ability:									
R	Reading 🖵 Poor	Good	□ Very Good							
٧	Writing Deor Development Speaking Poor	🕽 Good	□ Very Good							
S	Speaking 🛛 Poor	l Good	□ Very Good							
EM	MPLOYMENT INFORMATION									
Pre	<b>resent Employment Status:</b> 🖵 Em	nployed 🛛 Une	mployed							
lf e	employed:									
lf u	unemployed, what's your prese	nt occupation?								
	3 Student									
	Full-time wife and mom									
	<ul><li>Pastor's wife</li><li>Others</li></ul>									
-										
TR/	RAINING AND MINISTRY E	XPERIENCE								
		cific roles in chu	rch) that you do and have already done:							
	Sunday School teacher									
	Church administrator									
	Missionary to (state the place	):								
	Choir directress									

- □ Coordinator of the Women's Fellowship
- Others (be specific):

Seminars and training attended for spiritual growth or development of ministry skills. Indicate when and where.

1	 	 	 
2	 	 	 
3.			
4.			