

**MARANATHA COLLEGE
OF CHRISTIAN MINISTRIES**

P.O. Box 1104
Dublin, VA 24084
540-674-4131



Attach Photo

OFFICIAL REGISTRATION FORM

Name: _____

Address: _____

Phone Numbers: Cell: _____ Home: _____

Other: _____

1. Please attach a recent photo of yourself in the upper right hand corner of this application. (Photo must be of passport type.)
2. Have transcripts from the high school from which you graduated sent directly to the college. If you have not graduated, you may still register and take classes. However, the Certificate of Christian Ministry is the only program for which you will qualify until such time as you furnish the college with a high school degree or G.E.D. equivalent. At that time, we will transfer your credits into a degree program if you desire.
3. Please read the catalog for Maranatha College of Christian Ministries carefully.
4. You must attach a registration fee of **\$35.00** (non-refundable) with this application.
5. Please consult the "Program of Study" sent you from the college. If you desire to begin a course immediately, you should include payment for the course. Use the form at the bottom to specify all monies included with this registration form.
6. Having read the above, you should signify your agreement with these provisions and those in the college catalog by signing below.

I hereby verify that I have read the instructions and requirements of the **Maranatha College of Christian Ministries** and will to the best of my ability, endeavor to honorably maintain the high quality and reputation of the school.

Signature: _____ Date: _____

FINANCES ENCLOSED:

Registration Fee.....\$35.00 _____