

**MARANATHA COLLEGE  
OF CHRISTIAN MINISTRIES**

5847 Oak Grove Avenue  
Dublin, VA 24084  
540-674-4131



**Attach Photo**

**OFFICIAL REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Please attach a recent photo of yourself in the upper right hand corner of this application. (Photo must be of passport type.)
2. You must attach a registration fee of **\$35.00** (non-refundable) with this application.
3. Having read the above, you should signify your agreement with these provisions and those in the college catalog by signing below.

I verify the following:

Did you graduate high school?  Yes  No

Year of completion \_\_\_\_\_ Name of School: \_\_\_\_\_

If not, do you have an equivalent GED?  Yes, please attach a copy  No

Have you attended or completed any college?  Yes  No

Year of completion \_\_\_\_\_ Name of School \_\_\_\_\_

Degree earned \_\_\_\_\_

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 \_\_\_\_\_