

STUDENT INFORMATION FORM

Please print clearly.

New student Returning student

First Name: _____

Middle Name: _____

Last Name: _____

Gender Male Female Date of birth: _____

Address: _____

City: _____

State: _____ Zip _____

Home Phone: _____ Cell: _____

Email address: _____

Is it your intention to seek credentials with the Assemblies of God?

YES NO

Diploma: Certified License Ordination

Biblical Studies Church Leadership

Home church: _____

City: _____ State: _____

STUDENT PERSONAL STATEMENT FORM

I the undersigned do hereby affirm that I have read and understand the NNEDSOM Academic Catalog and Policy Manual and I am in agreement with the mission and purposes of NNEDSOM. I certify that the answers on my application are correct to the best of my knowledge, By my signature I agree to follow all the conditions aforementioned.

Signature _____

Printed Name _____

Date _____

* All students enrolling in NNEDSOM must be at least 18 years of age.

Student Course Enrollment Form

Enrollment deadlines are one month prior to actual class date.

One time Enrollment Fee (for first time students only) \$ 25.00

Location:	<input type="checkbox"/> District Office - All courses
	<input type="checkbox"/> Vergennes, VT - Certified* and Licensed* courses only

Fall Semester

- | | | | |
|--------------|------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
| Sep 8, 2018 | <input type="checkbox"/> Synoptic Gospels* | <input type="checkbox"/> New Testament Survey* | <input type="checkbox"/> Pentateuch |
| Oct 13, 2018 | <input type="checkbox"/> Intro Pentecostal Doctrine* | <input type="checkbox"/> Romans* | <input type="checkbox"/> Prayer & Worship |
| Nov 10, 2018 | <input type="checkbox"/> Spirit Empowered Churches* | <input type="checkbox"/> Leadership Skills* | <input type="checkbox"/> Corinthians |
| Dec 1, 2018 | <input type="checkbox"/> Acts* | <input type="checkbox"/> Intro to Homiletics* | <input type="checkbox"/> AG History Missions & Governance (Portland only) |

Spring Semester

- | | | | |
|--------------|--------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| Feb 9, 2019 | <input type="checkbox"/> Prison Epistles* | <input type="checkbox"/> Old Testament Survey* | <input type="checkbox"/> Poetic Books |
| Mar 9, 2019 | <input type="checkbox"/> Intro to Hermeneutics* | <input type="checkbox"/> Eschatology* | <input type="checkbox"/> Spirit Empowered Churches (Portland Only) |
| Apr 13, 2019 | <input type="checkbox"/> AG History Missions & Governance* | <input type="checkbox"/> Intro to Theology* | <input type="checkbox"/> Preaching in Context |
| May 11, 2019 | <input type="checkbox"/> Evangelism* | <input type="checkbox"/> Theology of Missions* | <input type="checkbox"/> Church Admin Finance & Law |
| Jun 8, 2019 | <input type="checkbox"/> Relationships & Ethics in Ministry* | <input type="checkbox"/> Conflict Resolution* | <input type="checkbox"/> Pastoral Ministry |

Course Tuition Fee: \$ 55.00 X ____ (number of courses) = \$ _____

Audit Fee (no credit): \$ 25.00 X ____ (number of courses) = \$ _____

(Have you checked marked all the appropriate boxes?) **Total Fees** \$ _____

Note: The ordering and purchase of course text books are the sole responsibility of the student. See course listing in Academic Catalog for required textbook. Suggested distributors include but not limited to Christian Book Distributors, Amazon and Books-a-Million.

Courses marked with an * are offered at the Vergennes location, and courses marked with an ^ are offered at Bangor location.

Ministry Internship Program (Completion of 3 courses in appropriate level required before admission to internship program for that level) \$ 75.00

Certified Licensed Ordained

Method of Payment:

Check (Payable to NNED)

VISA Master Card Discover Card AmEx

Personal information - please print clearly: Amount Charged \$ _____

Name as appears on card: _____ Email: _____

Credit Card #: _____ Card Exp Date: _____

Signature: _____ 3 Digit Security Code: _____

Card Mailing Address: _____