

CLIMB

Student Enrollment Form

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Init. _____
Date of Birth _____ Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
E-mail Address _____

EDUCATIONAL INFORMATION

High School Name/Location _____ Year of Graduation _____

List all other educational institutions attended beyond high school, if applicable (e.g., college, university, nursing or business school):

Year	Institution Name/Location	Attended	Major	Credits, Diplomas or Degrees Earned	Year of Graduation
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

ACADEMIC PROGRAM OPTIONS

Degree goal:

- Biblical Certificate Bachelor's Degree Doctoral Degree
 Associate's Degree Master's Degree

Major in:

- Biblical Studies Medical Missions Pastoral Ministry
 Missions Christian Leadership

GENERAL INFORMATION

Please contact the educational institutions you have previously attended and have them send transcripts to us for any credits you wish to transfer to CLIMB.

I certify that the information supplied on this application is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

715-247-3000

CLIMB
427 Cty Rd. V V
Somerset WI 54025

Registrar@climbschool.com

CLIMB

Acknowledgement

I, _____, understand that a degree from Christian Leadership Institute of Minnesota and Beyond does not guarantee employment or ordination in any specific market or ministry.

The primary purposes of this degree are to help strengthen my walk with God, and to help in equipping me for Christian ministry, specifically to become a Spirit-anointed leader.

Although Christian Leadership Institute of Minnesota and Beyond may help in pointing me to job location services, I am the one responsible to locate any employment in my future. I understand it is wise and prudent for me to check with those who are working in the field(s) I desire to work in when I graduate in order to ensure that the path I am on will be acceptable for the specific kind of career or ministry I am pursuing.

I am fully aware that this is a Christian based ministry, which believes the Bible is the Word of God and that the Bible is the authority upon which my spiritual growth and training will be based.

I declare that I am enrolling in Christian Leadership Institute of Minnesota and Beyond willingly and of my own free will.

Release

I, _____, in consideration of the training to be provided, do hereby release Christian Leadership Institute of Minnesota and Beyond, its instructors, professors, directors, officers, and representatives from any and all claims, causes of actions, suits and actions arising out of or in any way connected with the training provided by Christian Leadership Institute of Minnesota and Beyond. I further agree to indemnify the aforementioned from any and all claims including cost, as a result of any proceeding initiated or commenced whereby any of the aforementioned persons are named to such an extent as the proceedings relate to training provided to myself.

Signature of Applicant _____

YOUR SIGNATURE MUST BE WITNESSED, INCLUDING NAME & ADDRESS

Signature of Witness _____ Date _____

Name of Witness _____ Relationship _____

Address _____