REGNUM INSTITUTE PRELIMINARY APPLICATION FOR ADMISSION

This is a preliminary application to be considered for admission to REGNVM Institute. Before submitting this application, the prospective student must read the policies and student covenant information included with this package. All information submitted in this application will remain confidential. No information is to be made available to anyone at anytime.

PERSONAL INFORMATION:

NAME: _____
First Middle Last

ADDRESS: _____
Street City State ZIP

PHONE: _____
Home Work Mobile

EMAIL: _____ **WEBSITE:** _____ **FACEBOOK:** _____

OCCUPATION: _____ **PRESENT EMPLOYER:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____ **AGE:** _____ **GENDER:** _____**M**_____**F**

MARITAL STATUS: Single ☐ **Married** ☐ **Name of spouse:** _____ **Children? ___Y ___ N How many:** _____

Engaged ☐ **Widowed** ☐ **Separated** ☐ **Divorced** ☐ **Date Finalized:** _____

DO YOU HAVE ANY HEALTH ISSUES: ____ Y ____ N PLEASE DESCRIBE: _____

_____

SPIRITUAL INFORMATION:

WHEN WERE YOU BORN AGAIN? _____ **WHEN WERE YOU BAPTIZED IN THE HOLY SPIRIT?** _____

DO YOU CONGREGATE REGULARLY?_____**Y** _____ **N NAME OF THE CHURCH?** _____

NAME OF THE PASTOR?_____**TEL:**_____

DID YOU READ THE POLICIES AND STUDENT COVENANT? YES_____ **NO**_____

SIGNATURE:_____**NAME:**_____**DATE:**_____