

Application for Admission to the
WESTERN MICHIGAN BIBLE INSTITUTE, INC.
412 E. Sherman Blvd.
Muskegon Heights, Michigan 49444

*NAME: _____
Please print (last) (first) (middle)

*MAILING ADDRESS: _____
(Street) (City) (State) (Zip Code)

*EMAIL ADDRESS: _____ PHONE: _____

*Class for which you are enrolling: (Check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Christian Warfare | <input type="checkbox"/> Christian Leadership I | <input type="checkbox"/> Christian Leadership II |
| <input type="checkbox"/> Dispensation I | <input type="checkbox"/> Dispensation II | |
| <input type="checkbox"/> Evangelism I | <input type="checkbox"/> Evangelism II | <input type="checkbox"/> Evangelism III |
| <input type="checkbox"/> Homiletics I | <input type="checkbox"/> Homiletics II | |
| <input type="checkbox"/> New Testament I | <input type="checkbox"/> New Testament II | <input type="checkbox"/> Typology |

Previous class or courses completed or attended:

Name of School	Location	Dates	Graduation Dates	Certification or Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you in the Ministry _____ Field _____

With what conference do you hold credentials _____

Name of your church affiliation _____

Address _____

Pastor _____

Reference: _____

(Name) (Address)

*Signature of Applicant _____ (Date)

A \$10.00 (ten dollar) application fee must accompany this application. REFUND POLICY: All tuition fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25.00 may be retained by the school if the applicant is denied. All tuition and fees paid by the applicant shall be refunded if requested within 3 (three) business days after signing a contract with the school. After 3 (three) business days **NO REFUND** will be issued. All refunds shall be returned within 30 days.

*Denotes required fields