Application for Admission to the

WESTERN MICHIGAN BIBILE INSTITUE, 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 en	rolling: (Check one)		
Christian Warfare	Christian Leadership I	Christian Lea	dership II
Dispensation I	Dispensation II		
Evangelism I	Evangelism II	Evangelism II	I
Homiletics I	Homiletics II		
New Testament I	New Testament II	Typology	
		Dates	Degree
	Field ou hold credentials		
•	tion		
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

ENROLLMENT FOR CERTIFICATE PROGRAMS

All applicants must prepare a dossier of the following:

A recent photograph of self
 Proof of High School or equivalent (pre0enrollment exam)
 Transcripts of credits or copies of degrees held
 Brief summary of your years in the ministry***
 Churches where you have labored and any other activities, radio, missions, television, etc.
 *** Answer question 4 (four) on these lines.

Degrees now held

For office use only	

PHOTO

(Date)

*Signature of Applicant ______

Interviewer

"MEETING THE CHALLENGES OF TOMORROW THROUGH A UNIQUE RELIGIOUS EDUCATION"