**RESTORATION THEOLOGICAL SEMINARY**
**Hwy 54, Fayetteville Rd. Jonesboro, GA 30238**
**770-961-3790**
***Certificate Program Application for Admission***

Date of Application _____

Name of Applicant: _____/ _____/ _ ----_____/ _____

(Title) (Last) (First) (MI)

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Date of Birth _____/_____/_____ Male _____ Female _____

Last four numbers of Social Security # _____

**Certificate Program Titles Check Box**

**Cost $80.00 per Month (GED / high school diploma not required)**

| |
|---|
| *(____) Life Coaching* |
| *(____) Temperament Counseling (GBOE)* |

**Other Areas of Studies are Available upon request:**

| |
|---|
| *(____) Christian Education* |
| *(____) Pastoral Ministry* |
| *(____) Religious Education* |
| *(____) Pastoral Care* |

I herby state that all of the information on this application is true and accurate as unto the Lord as my witness. I hereby grant permission to Restoration Theological Seminary to verify all of the information listed above.

I hereby agree and understand that I will complete all course requirements and I will comply with all Restoration Theological Seminary Policies and Financial Commitments in pursuit of academic excellence.

Applicants' Signature _____ Date _____