



Seminar: Application for Enrollment

Thank you for your interest in the Seminar program. Please complete this form using your computer, save it, and return the completed PDF to Wendi Murphy at wmurphy@CUEnet.edu. Take care to fill out all fields!

Anticipated Start Date (month & year):

Name:

Street Address 1:

Street Address 2:

City, State, and Zip Code:

Home/Mobile Phone:

Personal email Address:

School email Address:

Gender:

Year of Birth:

Highest Degree Earned:

Church Affiliation:

If "Other", please specify:

Name and City of Your Church:

School:

Street Address 1:

Street Address 2:

City, State, and Zip Code:

School Phone:

School Fax:

Type of School (closest match):

Applicant Teaching Level:

Applicant Additional Roles:

Principal/Supervisor Name:

Pastor Name (of Congregation Supporting the School):

Pastor email (of Congregation Supporting the School):

Synodical District:

Other Comments: