

**RESTORATION THEOLOGICAL SEMINARY**

**5900 Reynolds Rd. Morrow, GA 30237**

**Mailing Address: P. O. Box 834 Jonesboro, GA 30237 (770-961-3790)**

***Online 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 # \_\_\_\_\_

**Advanced Certified Program**

**GED / High School Diploma (not required)**

**Check Box**

*Certified Chaplain*

*Certified Life Coach*

*Certified in Christian Education*

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

*Biblical Studies*

*Christian Education*

*Life Coaching*

*Ministry*

*Pastoral Ministry*

*Prophetic Ministry (Deliverance Ministry)*

I hereby state that all of the information on this application is true and accurate as unto the Lord as my witness. 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 \_\_\_\_\_