

**ACMI Ben Solomon Donelson Institute School of Ministry
The Course Registration Form**



Date _____

Name: _____ **Title:** _____

Address: _____ **Cell#** _____

City _____ **State** _____

Zip Code _____ **Email Address** _____

Course Name: _____

Semester/Quarter: **Fall**____ **Winter**____ **Spring**____

Local Church Affiliation: _____

Pastor's Authorization: _____

Printed

Signature

Student Signature: _____

Full fees to be paid at the time of registration.