

Admissions Application Page 2

Last Name of Applicant: _____

Educational Experience Cont:

(d) _____
College Address/P.O. Box City State Zip Code Country

Date: From ____/____/____ To ____/____/____
Degree(s) or Diploma Received Month Year Month Year

Contact in Case of Emergency :

Last Name, First Name Address City State Zip
(____) ____ - ____ (____)
Area Code and Phone # County Code _____
Email

Last Name, First Name Address City State Zip
(____) ____ - ____ (____)
Area Code and Phone # County Code _____
Email

PLEASE READ AND SIGN:

In asking for admission to the Ministry Training Institute (MTI), I voluntarily agree, if admitted as a student, to uphold the ideals, standards, and regulations set forth by MTI and to respect the principles and traditions it upholds as a ministry of the Seventh-day Adventist Church. I also accept the responsibility for payment of all expenses incurred during my course of study.

Signature _____ Date _____



Washington Conference of Seventh-day Adventists
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mti@wc.npuc.org