

Syllabi Mailed	_____
Books Mailed	_____

INTERNATIONAL CENTER FOR CHRISTIAN LEADERSHIP

Ukraine * Kiev * Gamarnika Street 57
 Phone/Fax: 380 44 431 83 85
 Web site: www.iccl-kiev.com
 E-Mail: iccl@mail.ru

For office use only:
Date Rec'd _____
Dep. Rec'd _____
Term _____
Acad. Status: yes _____ no _____
Fincl. Status: yes _____ no _____

**EXTENSION SESSION
RESERVATION FORM**

Reservation Information

Complete this reservation form to enroll in an ICCL continuing education course, and **submit the form to the Registrar's Office at ICCL** no later than **two weeks** before the session begins for **auditors** and no later than **two months** for the **students**.

Name: _____
(Last) (First) (Middle)

Age: _____ Gender: _____

Address: _____
(Street/P.O. Box) (City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____
(Area Code) (Area Code)

Fax: _____

E-mail: _____

Have you ever been enrolled at ICCL? Yes No When? _____

COURSE SELECTION

(Remember, it is important to determine whether the courses you select fit your degree program requirements. If you would like assistance, please contact the ICCL Academic Department Office.)

Course: _____

Session Date: _____

Do you plan to seek:

- COURSE CREDIT** (Enroll in courses for graduate credit. Baccalaureate degree required.)
- CREDIT WITHHELD** (Enroll in continuing education courses and complete course requirements but no credit will be granted. Upon the successful completion of a baccalaureate degree or its equivalency and satisfying the standard admission requirements, the student may appeal to be admitted as a degree candidate and petition to receive credit toward a degree program at ICCL for all or part of the "no-credit hours." Courses will be posted on a transcript with "no-credit" grades.)
- AUDIT** (Enroll in courses but no credit will be earned.)

Application Information

If this is your first ICCL course, and you are planning on taking additional courses for credit, you must submit the following to the Registrar:

1. Application for admission with **\$25 application fee**.
2. Official transcripts from all post-secondary schools attended.
3. Two references (ministerial and personal) on the forms provided by ICCL.
4. Completed reservation form (front and back).

NOTE: Enrollment in a continuing education course prior to admission to ICCL does not guarantee academic credit or acceptance to a degree program.

SIGNATURE _____

DATE _____

Food and Lodging. The Center does not provide food and lodging for class sessions. Meals and lodging are available from UETS for a modest fee each week. All the arrangements can be made through the Registrar's office. Please indicate below if any accommodations are desired:

	<i>Food</i>			<i>Lodging</i>
	Breakfast	Lunch	Dinner	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Every session begins on **Monday** at **9:00** and finishes on **Friday** at **17:30**.

IF THIS IS YOUR FIRST ICCL CONTINUING EDUCATION CLASS, OR IT HAS BEEN 12 MONTHS SINCE YOU HAVE TAKEN YOUR LAST COURSE, YOU MUST COMPLETE THE FOLLOWING INFORMATION.

- 1) Date of birth: _____ 2) Place: _____
- 3) Marital Status: Single Married Widow(er) Divorced Remarried
 If married, give spouse's name: _____ Number of Children: _____
- 4) Home Region _____
- 5) How long have you been a born-again Christian according to John 3:1-7? _____
- 6) Of what church are you a member?: _____ Attending regularly? _____
 Denomination (Union): _____ Pastor: _____
- 7) If not a member, do you have a church preference? _____
- 8) Place of work: _____ 7) Occupation: _____
- 8) What was your ministry during the last 5 years? _____ from _____ to _____
 _____ from _____ to _____
 _____ from _____ to _____
- 9) Are you a credentialed minister? Yes No Ordained? Yes No Which union? _____
- 10) Are you a Ukrainian citizen? Yes No If not, country of citizenship? _____
- 11) List in chronological order all schools attended, beginning with high school:*

Name of School	City & Region	Attended From/To	Date of Graduation	Degree Earned

- 11) How did you hear about our program? _____
- 12) What was your motivation to enroll in the MACL? _____