

Application for Admission to C.M.B.A. Seminary Extension Program

Please Complete and Return to:

CMBA Extension Center

c/o

CHICAGO METROPOLITAN BAPTIST ASSOCIATION

2237 W.120th Street

Blue Island, IL 60406

708. 293.0400 phone 708.293.0444 fax

E-mail: ChicagoBaptist@aol.com

PERSONAL INFORMATION

Today's Date:	Social Security Number:	
Full Name:		
Name Usually Called:		
Current Mailing Address:		
City	State	Zip
Home Telephone Number:		
Work Telephone Number:		
Cell Phone Number:		
E-Mail Address:		
Date of Birth:	Sex:	

	I plan to enroll in the following <u>BASIC LEVEL CLASSES:</u> (please check all that apply)		
	COURSE TITLE	1 st Quarter 2006	2 nd Quarter 2006
<input type="checkbox"/>	B.S. 1 Understanding the Bible	Jan 23-April 10	April 10-July 3
<input type="checkbox"/>	B.S. 4 Great Doctrines of the Bible	Jan 23-April 10	April 10-July 3
	I plan to enroll in the following <u>DIPLOMA LEVEL CLASSES:</u> (please check all that apply)		
	COURSE TITLE	1 st Quarter 2006	2 nd Quarter 2006
<input type="checkbox"/>	BB 2100 How to Understand the Bible	Jan 23-April 10	April 17-July 3
<input type="checkbox"/>	BB 2102 Biblical Backgrounds	Jan 23-April 10	April 17-July 3