

Course of Study

Choose one of the following. Please refer to the catalog for admission requirements.

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| <input type="checkbox"/> Master of Divinity
<input type="checkbox"/> Biblical Communication
<input type="checkbox"/> Counseling and Family
<input type="checkbox"/> Leadership Development

<input type="checkbox"/> Master of Arts in Biblical Leadership | <input type="checkbox"/> 30-Hour Graduate Diploma
<input type="checkbox"/> Biblical Studies
<input type="checkbox"/> Christian Counseling
<input type="checkbox"/> Intercultural Studies
<input type="checkbox"/> Leadership Development
<input type="checkbox"/> Women's Studies

<input checked="" type="checkbox"/> Nondegree |
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Application Due Before:

Summer 2003 April 11, 2003
 Fall 2003 August 8, 2003
 Spring 2004 December 5, 2003
 Summer 2004 April 2, 2004

Current date: 03-Sep-2003 Expected date of enrollment: 03-Sep-2003

Personal Information (Please type or print clearly.)

Full Legal Name: Griffitts, Troy Andrew Preferred Name: Troy
Last First Middle

Present Mailing Address: P. O. Box 2528; Tempe, AZ 85280-2528
Street and Number City State Zip

Home Phone: +1 (602) 628-7771 Work Phone: _____

Fax (optional): +1 (602) 628-7771 E-mail address: troy@crosswire.org

Male Female Age: 34 Date of Birth: 01-Mar-1969 Place of Birth: Glendale, AZ

Social Security Number: 600-18-2897 Country of Citizenship: USA

The United States Department of Education requests information on ethnic origin (check one):

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (specify) _____ |

Are you a Non-Resident Alien (i.e., International Student)? Yes No

Are you a U.S. Veteran? Yes No

If yes, are you eligible for educational benefits as a Veteran? Yes No

Marital Status: Single Married Divorced* Remarried* Separated* Widowed

**Please provide information about your divorce, remarriage, or separation in an attached statement. This information will remain confidential.*

If married give: Full name of spouse: _____ Preferred name: _____

Date of marriage: _____ Names of children and ages: _____