



Application for Admission

573-793-2628 / www.midwestct.com

Last Name (Print) First Name Middle or Maiden Name

DOB: ____/____/____ Hm. Ph. _____ Cell Ph. _____

Sex: Male Female Marital Status: Single Married Divorced

Name of Spouse: _____

*Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

BACKGROUND INFORMATION (*Information taken to better serve you as student*)

*Name of church hosting school: _____

*Host Pastor's Name: _____ Pastor's ph. _____

EDUCATIONAL INFORMATION

Name of High School City County Zip

Date of Graduation ____/____/____

If you did not graduate, have you obtained a G.E.D yes no When? ____/____/____

Degree Applying for:

ASSOCIATE \$80.00 CORE CURRICULUM (8) BACHELOR \$90.00 CORE CURRICULUM (8)

MASTER'S \$100.00 CORE CURRICULUM (8) DOCTOR \$120.00 CORE CURRICULUM (8)

ADMINISTRATION/STUDENT FEES SCHEDULE: SEE PAGE 8

DRUG INTERVENTION MINISTRY \$700 DONATION WITH APPLICATION

PAYABLE TO DRUG FREE WORLD, \$700 PAYABLE TO LIFELINE MINISTRIES BEFORE DIPLOMA IS GIV-

EN MISSIONS MINISTRY \$1,000 DONATION PAYABLE TO MCT

I have read the Statement of Faith of the Midwest College of Theology and agree to follow its doctrinal stand in accordance to the Word of God.

Student's Signature

____/____/____
Date