Oval Bible College

Application For Enrollment 630 W Prien Lake Rd Suite B #255

Lake Charles, LA. 70601 Email Address: admin@ovalbiblecollege.com

(337)802-6958

| Name | |
|-------------------------------------|---|
| Address | |
| Email Address | |
| Date of Birth Sex _ | Race |
| Phone Number | |
| Please list all Colleges, Seminarie | es, and Universities attended. |
| Name of School | Degree Earned |
| Name of School | Degree Earned |
| | Degree Earned |
| Please indicate below the progra | am for which you are applying. |
| |) Pastoral Ministry Certificate () Family Ministry Certificate |
| | () Women in Ministry Certificate () Certificate of Biblical |
| | er Certificate () Master Christian Counselor Certificate |
| () Associate of Theology | · · |
| () Bachelor of Theology () Bache | elor of Biblical Counseling () Bachelor of Biblical Studies |
| | on () Bachelor of Ministry () Bachelor of Divinity |
| | of Biblical Counseling () Master of Biblical Studies |
| ., | () Master of Ministry () Master of Sacred Literature |
| | () Master of Christian Apologetics () Master of Divinity |
| . , | of Biblical Counseling () Doctor of Biblical Studies |
| | () Doctor of Ministry () Doctor of Sacred Literature |
| `` | () Doctor of Christian Apologetics () Doctor of Divinity |
| . , | blical Studies () PhD in Ministry () PhD in Biblical |
| Counseling () PhD in Christian A | • |
| Please indicate your number of ye | ears served in the ministry Years |
| High School Diploma or GED? _ | |
| How did you hear about us? | |
| Applicant's Signature | Date |
| | llment fee for the degree program. |
| | llment fee for the Dual Degree program. |
| | llment fee for the Ph.D. program. |
| | nent for the Honorary Doctor of Divinity Degree. |

Make checks or money orders payable to Oval Bible College