

SOUTHERN DISTRICT CONVOCATION  
MINISTERIAL TRAINING PROGRAM  
GOLDSBORO, NC 27530

STUDENT PROFILE SHEET

Start Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ministerial License Held (circle one): Apprentice // Minister // Non-Pastor // Pastor // Lay Member

Number of Years Ministering \_\_\_\_\_ Local District: \_\_\_\_\_

Pastor : \_\_\_\_\_ Church Name: \_\_\_\_\_

**FIRST SEMESTER**

**GRADE STATUS**

Survey of the Old Testament HONORS-PASS-FAILED

English Grammar HONORS-PASS-FAILED

Church History HONORS-PASS-FAILED

**SECOND SEMESTER**

Survey of the New Testament HONORS-PASS-FAILED

English Grammar HONORS-PASS-FAILED

Church History HONORS-PASS-FAILED

**THIRD SEMESTER**

Spiritual Formation HONORS-PASS-FAILED

Church Doctrine HONORS-PASS-FAILED

The Practice of Preaching I HONORS-PASS-FAILED

**FOURTH SEMESTER**

Evangelism HONORS-PASS-FAILED

Christian Ethics HONORS-PASS-FAILED

The Practice of Preaching II HONORS-PASS-FAILED

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**UNITED CHRISTIAN COLLEGE**

**Payment Plan**

**Ministerial Training Program**

**Name:** \_\_\_\_\_

**Telephone (Home):** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Semester (circle one):** First // Second // Third // Fourth      **Year:** \_\_\_\_\_

The cost for each semester is **\$300** which includes your books; registration fee is \$40 and to be paid on the day of registration; the balance can be paid from the payment schedule below.

I agree to pay the balance according to the following schedule:

\$ \_\_\_\_\_ on \_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_