

Christian Counseling Training Institute

1750 W. 103rd St. Chicago, Il. 60643
Office 773/779-1300 Fax 773/779-0198

This Form May Be Duplicated

REGISTRATION FORM

IT IS IMPORTANT TO FILL IN EVERY BLANK. PLEASE PRINT LEGIBLY.

CCTI ID # _____

Name: Last	First	Middle Initial	
Address: Number and Street	City	State	Zip
Telephone Number: Day () _____	Evening () _____		
Date of Birth / /	Sex	___ Male ___ Female	
Marital Status: ___ Single ___ Married	___ Divorced ___ Widowed		
Ethic Background: (check one) ___ African-American	___ White	___ Hispanic	___ Other
E-mail Address: _____			

To Be Completed By First Time Enrollees Only:

Have you accepted the Lord Jesus Christ as your personal Saviour? ___ Yes ___ No

What area of your life is submitted under the Lordship of Jesus: _____

Briefly describe the role of the ministry of the Holy Spirit in your life: _____

Name of Church you attend: _____

Do you sense a call to minister in the counseling area? _____

List the Spiritual Gifts that you have that would be used in a counseling ministry: _____

Have you ever been through Discipleship or Lay Counseling? _____

Write a brief statement of Faith: _____

Write a brief philosophy of ministry statement: _____

Academic and Professional Information:

Year of high school graduation: _____ or GED _____ Not a high school graduate _____

College _____ Degree _____ Year _____ Major _____

Seminary _____ Degree _____ Year _____ Major _____

Graduate School _____ Degree _____ Year _____ Major _____

Other professional education or training: _____

Briefly state your counseling orientation: _____

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Briefly state your view of lay Christian counseling: _____

Course Registration

List the subjects you have chosen in the chart below.
 Registration is completed only when all fees are paid.
 Subject changes may only be made during the first week of class.
 No enrollment will be allowed after the second week.

Day	Time	Course #	Course Title	Credit Hours	Cost

Do Not Write In The Box Below. For Office Use Only.

Mode of Registration: _____ Phone _____ In Person _____ Other
 Unit/Year _____ Date _____
 Admitting Officer: _____ Date: _____
 All paper work received: _____ Yes _____ No, what's missing _____
 Confirmation Sent: _____ yes _____ No, why? _____
 Location: _____ on-sight _____ on-location
 Location Contact Person _____ Phone # _____

Student Classification:
 _____ New _____ Former: last unit/year attended _____

Fee Statement:

New student application fee \$10. (non-refundable) _____
 C.E.U. Tuition \$30. each seminar _____
 Special Class Fee _____
 Misc. _____

Special Promotions _____
 Waivers _____
 Payment Received _____
 Balance Due _____

Mode of Payment:

- Cash
- Check # _____
- Visa
- MC

No. _____ Expiration Date: _____
 Confirmation # _____
 Received by: _____