

# AGAPE COUNSELING CENTER/ PUBLISHING

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## APPLICATION FORM/DISTANCE-LEARNING COURSES

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Single? \_\_\_\_\_ Married? \_\_\_\_\_ Divorced or Remarried? \_\_\_\_\_ Widowed? \_\_\_\_\_

Name and address of nearest relative \_\_\_\_\_  
\_\_\_\_\_

Educational background: High School \_\_\_\_\_ Year graduated \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Year graduated \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

What is your purpose for enrolling at ACC? \_\_\_\_\_  
\_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

### ACC OFFICIAL APPROVAL

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Student approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

ACC Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_