



**MINISTRY INTERNATIONAL INSTITUTE**  
**P.O. Box 1322, Powell, TN 37849-1322 USA**  
**MISSION SCHOOL APPLICATION:**

CHOOSE ONE:     YEAR ONE     YEAR TWO     BOTH YEARS

**NAME AND ADDRESS OF HOSTING CHURCH OR MINISTRY:** \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ FAX No. \_\_\_\_\_ Cell No. \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_  
 Teacher's E-mail Address: \_\_\_\_\_

**STUDENT INFORMATION: PLEASE PRINT**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Student E-mail Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Educational Data HS Grad \_\_\_\_\_ GED \_\_\_\_\_ College \_\_\_\_\_  
 List College degrees \_\_\_\_\_  
 When did you accept Jesus Christ as your Savior? \_\_\_\_\_  
 Baptized in the Holy Spirit?     Yes     No

I hereby state that all the information contained in this application is correct and true to the best of my knowledge. I understand that upon acceptance of this Application, I become an Associate Member of MII.

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

**Planned date for first class** \_\_\_\_\_

By signing below, you are stating that you understand and agree to operate your extension campus of Ministry International Institute in accordance to the guidelines and procedures of MII. I understand that completion of this application in no way guarantees or implies acceptance as a Teacher at one of MII' s schools. I understand that upon acceptance of this Application, I become an Associate Member of MII.

**Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MINISTRY INTERNATIONAL INSTITUTE  
APPLICATION - ADDENDUM**

**PLEASE MAKE COPIES AND GIVE TO STUDENTS WITH APPLICATION  
(Students must sign and turn this form in with their application)**

Non-Discrimination Policy - MII does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.

Privacy Rights of Students - Statute 20, UNITED STATES CODE, 1232g and regulations adopted pursuant thereto. The code provides for an institution to establish a category of student information termed Adirectory information.@ All information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income information records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the school as have responsibility for working with the student. Such information will not be released to second parties without consent of the student. Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

Accreditation - An accrediting organization is a “watchman on the wall”. Webster defines accreditation as to give trust or confidence to; to vouch for; to recommend; to furnish with credentials, as an envoy or ambassador. Every accreditation group is not the same. These are different and focused in different areas of accreditation.

Accrediting Commission International (ACI) is an international accrediting commission which holds as its primary objective the encouragement and maintenance of sound scholarship and the highest academic achievement in the areas of private education. Quality education is the goal at all times. Its purpose is the preparation of quality education in private schools, colleges, and theological seminaries. It is a non-governmental body and makes no claim to be connected with the government. U.S. Department of Education schools do not receive credits from this school.

A degree covers the major taken with that degree. A student or potential student must understand that credits taken in one type of program may or may not transfer to another type program. This is the sole determination of the receiving institution. The job market is highly competitive. Training is specialized in most fields. A graduate in one field may have difficulty in being hired in a field they are not certified for.

By signing this form, I am signifying that I have received the Student Handbook and I understand the type of degree for which I have applied and neither ACI nor Ministry International Institute is responsible for my employment goals. I understand that Ministry International Institute is primarily a religious school. Credits are not guaranteed to be accepted by secular or state run programs. ACI is primarily a private school association unrelated to a governmental accreditation.

DISMISSAL - Students may be dismissed from enrollment or participation in Ministry International Institute classes for engaging in disruptive behavior, unwillingness to participate in classroom or homework assignments, failure to cooperate with classroom procedures, or disrespect of instructors or other students. No refunds are allowable in such cases.

I have thoroughly read and understand the above statements.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**MINISTRY INTERNATIONAL INSTITUTE**

P. O. Box 1322, Powell TN 37849-1322, USA, 865-938-5544

Website: [www.ministryinternational.tv](http://www.ministryinternational.tv) / Email: dr.chriswaller@miiedu.com

REQUEST FOR TRANSCRIPTS

STUDENT:

It is your responsibility to arrange for MII to receive a copy of your High School and College Transcripts. Mail this form with any required fee to your high school and/or college attended.

MAIL THIS FORM TO: Records Office

\_\_\_\_\_  
Name of High School / College You Attended

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

\_\_\_\_\_  
City, State, Zip                      Country

\_\_\_\_\_  
Area Code + Telephone Number

**PLEASE SEND A COPY OF MY TRANSCRIPT AND THIS FORM TO:**

Registrar  
Ministry International Institute  
P.O. Box 1322  
Powell, TN 37849-1322  
USA

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home & Cell Phone Numbers

\_\_\_\_\_  
Years Attended/Dates

\_\_\_\_\_  
Name of Church hosting MII Institute

\_\_\_\_\_  
Degrees or Diplomas Received

\_\_\_\_\_  
Signature    Date