

**GRADUATE THEOLOGICAL STUDIES**  
CHRISTIAN LEADERSHIP CENTER, CENTENARY COLLEGE

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**S**TUDENT **I**NFORMATION **F**ORM

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**PERSONAL INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number 1: ( ) \_\_\_\_\_ Phone Number 2: ( ) \_\_\_\_\_

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

Preferred form of communication (circle one):      Email      Phone      Physical Mail

\*Sex (circle one):      M      F      \*Ethnicity: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Local Church (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Affiliation (circle all that apply):

Member      Lay Person      Staff Member      Local Pastor

If United Methodist, please provide the following:

Annual Conference: \_\_\_\_\_ District: \_\_\_\_\_

\* Response is optional

