



TRINITY

BIBLE COLLEGE & GRADUATE SCHOOL

AG District Authorization Form

District Ministerial Training Program

Prospective Students:

Please complete the information at the top of this form and submit to your District Superintendent for approval.

District Superintendents:

Please complete and sign the bottom section of this form indicating your approval for the student to enroll in the District Ministerial Training program at Trinity Bible College and Graduate School and return the form directly to our office.

Email: admissions@trinitybiblecollege.edu

Mail: Enrollment Office | Trinity Bible College & Graduate School | 50 6th Avenue South | Ellendale, ND 58436-7105

Fax: 701.349.5786.

Student Information

Name (First, MI, Last): _____

Address: _____
Number & Street City State Zip

Preferred Phone: _____ Email: _____

District Authorization

The _____ District of the Assemblies of God approves the above named student for enrollment in the District Ministerial Training program offered in cooperation with Trinity Bible College and Graduate School.

District Superintendent's Name: _____

District Superintendent's Signature: _____ Date _____

Preferred Phone: _____ Email: _____