



### ISOM Transfer Award Application

Submit ALL Paperwork to GSMI for Final Processing. Processing Time Is 6-8 Weeks.

Shipping charges apply outside of the USA

## DEGREE OPTION (Select One) All degrees are Non-Government accredited, and are issued by religious exemption.

Associates of Biblical Studies			Bachelor of Ministry			Master of Ministry		
<input type="checkbox"/>	A.	Covenant Theological Seminary	<input type="checkbox"/>	D.	Christian Leadership Seminary	<input type="checkbox"/>	D.	Christian Leadership Seminary
<input type="checkbox"/>	B.	Christian Leadership University	<input type="checkbox"/>	E.	Covenant Theological Seminary	<input type="checkbox"/>	E.	Covenant Theological Seminary
<input type="checkbox"/>	C.	Vision International University	<input type="checkbox"/>	F.	Vision International University - USA	<input type="checkbox"/>	F.	Vision International University - USA

## GENERAL INFORMATION (Note: All Fields are Required. Please Fill Out Form in its Entirety)

Sex  Male  Female

Print Full Name (as you would like it on degree) SSN # (if applicable) Date of Birth

Address City State or Province Postal Code Country

Tel. Home Cell Work email

## CHURCH INFORMATION (Note: All Fields are Required. Please Fill Out Form in its Entirety)

Church/School Name Pastor or Facilitator's Name Tel

Address City State or Province Postal Code Country

## ACADEMIC HISTORY (Note: All Fields are Required. Please Fill Out Form in its Entirety)

High School Yr. Graduated University Yr. Graduated

Graduate School Yr. Graduated Professional Yr. Graduated

## REFERENCES (Note: All Fields are Required. Please Fill Out Form in its Entirety)

Name Relationship Tel

Address City State or Province Postal Code Country

Name Relationship Tel

Address City State or Province Postal Code Country

Name Relationship Tel

Address City State or Province Postal Code Country

I do not want to receive newsletter updates on what the ISOM is accomplishing worldwide

Signature

Date of first ISOM class

Graduation or Completion Date



Transfer of Coursework

# A c k n o w l e d g e m e n t

I, \_\_\_\_\_, understand that the diploma/degree I receive does not guarantee a job or ordination in any specific market or ministry. I understand that it is not accredited with the U.S. Department of Education, and this diploma/degree is specifically not suited for people pursuing jobs as public school teachers, state university professors, state licensed psychologists, amongst other vocations.

The primary purposes of this diploma/degree are to help strengthen my walk with God, and to help in equipping me for Christian ministry, specifically to become a Spirit-anointed leader.

Although the issuing organization may help in pointing me to job location services, I am the one responsible to locate any job in my future. I understand it is wise and prudent for me to check with those who are working in the field(s) I desire to work in when I graduate in order to ensure that the path I am on will be acceptable for the specific kind of job or ministry I am pursuing.

I am fully aware that this is a Christian based ministry, which believes the Bible is the Word of God and that the Bible is the authority upon which my spiritual growth and training will be based.

I declare that I am requesting this transfer of ISOM coursework and the accompanying degree/diploma willingly and of my own free will.

# R e l e a s e

I, \_\_\_\_\_, in consideration of the training to be provided, and being of age of majority, do hereby release the organization issuing my diploma/degree, its instructors, professors, directors, officers, and representatives from any and all claims, causes of actions, suits and actions arising out of or in any way connected with the training provided by them, their instructors, professors, directors, officers, or representatives and I further agree to indemnify the aforementioned from any and all claims including cost, as a result of any proceeding initiated or commenced whereby any of the aforementioned persons are named to such an extent as the proceedings relate to training provided to myself.

I have read the Acknowledgment & Release carefully and have had the opportunity to seek counsel in advance of signing this form.

Signature of Applicant: \_\_\_\_\_

**YOUR SIGNATURE MUST BE WITNESSED, INCLUDING NAME & ADDRESS NOT A FAMILY MEMBER, INSTRUCTOR OR STAFF**

\_\_\_\_\_  
Name of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Address of Witness: \_\_\_\_\_ City: \_\_\_\_\_ State~Province: \_\_\_\_\_ Zip~Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness: \_\_\_\_\_

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USA

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909.478.3330

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