

**Foundations for Christian Discernment
Student Application for Online FCD Group**

Name *(last)* _____ *(first)* _____ *(middle)* _____

Preferred Title: *(circle)* Mr. Mrs. Ms. Rev. Dr. Other _____

Address _____

City _____ State _____ Zip _____

Telephone(s) _____

e-mail address _____

date of birth _____

Denomination _____

Highest level of education completed: *(please circle as appropriate)*

High school

College *(please specify degree and major):* _____

Master's: _____

Doctorate/Professional: _____

Other: _____

Current line of work _____

Why are you interested in enrolling as an FCD student? _____

Technology Questions:

1. Does your Internet connection allow you to reliably browse the web?

Yes ___ No ___

2. Do you have a high speed Internet connection? Yes ___ No ___

Reference: *(clergy preferred)* _____

Contact information _____

+ + + Thank You + + +