Life Transforming Ministries
10303 Crown Point Ave.
Omaha, Nebraska 68134
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SECOND-YEAR RETURNING STUDENT REGISTRATION FORM

Academic Year: 20____

"Study to shew thyself approved unto God…"— 2 Timothy 2:15

1. STUDENT INFORMATION
Full Legal Name: _____
Phone: _____
Email: _____
Current Address: _____

Marital Status:
☐ Single ☐ Married ☐ Other: _____

2. ACADEMIC INFORMATION
Completion Date of First Academic Year:

Expected Completion/Graduation of Second Year:

First-Year Academic Requirements
Have you completed all first-year academic requirements?
☐ Yes ☐ No
If no, please explain:
_____
_____

Current Academic Standing
Are you currently meeting the academic requirements of your program?
☐ Yes ☐ No
If no, please explain:
_____
_____

3. CHURCH & MINISTRY INFORMATION
Name of Current Church:

Pastor/Church Leader:

Church Address:

Pastor/Church Contact:

Current Ministry Involvement
Please check all that apply:

- ☐ Pastoral/Preaching
- ☐ Evangelism/Outreach
- ☐ Missions
- ☐ Youth Ministry
- ☐ Children's Ministry
- ☐ Worship/Music
- ☐ Discipleship/Bible Study
- ☐ Administration
- ☐ Other/Helps:_____

Please briefly describe your current ministry involvement:

_____
_____
_____

4. SECOND-YEAR GOALS & PERSONAL DEVELOPMENT
Second-Year Goals
What are your primary goals for your second year at Bible school?

_____
_____
_____

In which of these areas would you like to Grow, and in what way?
Spiritually:

_____
Academically:

_____
Leadership:

_____
Relationally/Maritally:

_____

Financially:

_____
Health:

Ministry:

Ministry & Vocational Direction
What ministry or vocational direction are you currently pursuing?

5. ACADEMIC, CONDUCT & DISCLOSURE REVIEW
Please answer each question honestly and completely.

Student Conduct
Since your previous enrollment, have you been subject to disciplinary action by a school, church, ministry, employer, or other organization?
☐ No ☐ Yes
If yes, please provide an explanation:

Legal/Disciplinary Disclosure
Is there any information concerning your conduct or circumstances that you believe the school should be made aware of before approving your continued enrollment?
☐ No ☐ Yes
If yes, please explain:

6. STUDENT DECLARATION & AGREEMENT
By completing and signing this form, I certify that:
☐ The information provided in this application is true and complete to the best of my knowledge.
☐ I have answered all questions truthfully and have not knowingly withheld information relevant to my continued enrollment.
☐ I understand that continuing as a student for a consecutive year is subject to meeting the academic, spiritual, personal conduct, and administrative requirements of LTM.
☐ I understand and agree to abide by the policies, procedures, standards, and student expectations established by the school.
☐ I understand that providing false, incomplete, or misleading information may affect my eligibility for continued enrollment.
☐ I understand that approval for a consecutive year is subject to the school's review and approval.

☐ I understand that the school may request additional information or documentation before my registration is finalized.

7. FINAL SIGNATURE
By signing below, I acknowledge that I have carefully reviewed this application and understand the statements and requirements contained within it.
Student/Applicant Name:

Student/Applicant Signature:

Date: _____

FOR SCHOOL USE ONLY
Registration Reviewed By: _____

Date Reviewed: _____
Decision:
☐ Approved ☐ Approved with Conditions ☐ Pending ☐ Not Approved
Comments/Conditions:

Administrator's Signature: _____

Date: _____