



Biblical Life College & Seminary

International Educational Network
 P. O. Box 588 | Marshfield, MO 65706-0588
 Phone (417) 859-0881 | Fax (417) 468-2037

Application for Academic Fellowship & Covenant Agreement

Basic School Information

School Name			
Address			
City, State, Zip			
Phone ()		Fax ()	
President		E-Mail	
Registrar		E-Mail	

Basic Agreement for Local School

We, the undersigned, have read through the BLCS Academic Fellowship Program Informational Brochure and Operations Manual. We agree with the concepts, administrative procedures, and academic standards as established by BLCS as outlined in the manual. We agree to abide by those published procedures and standards.

 Signature of School President

 Date

 Signature of School Registrar

 Date

You will need to include the following:

1. Completed and signed application form.
2. Copy of letter from State giving permission to operate a “School of Ministry.” (See Chapter Two – Page 13).
3. Check or Money Order for \$300.00 made payable to: Biblical Life.

Biblical Life College & Seminary

ATTN: International Educational Network

P. O. Box 588

Marshfield, MO 65706-0588

For BLCS Office Use Only

Date Received	
Action	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Date of Action	
IEN School Number	
Reviewer	

Notes: