



Thank you for your interest in the **Concordia online Colloquy Program**. Please complete this form using your computer, save it, and return the completed PDF to Wendi Murphy at wmurphy@CUEnet.edu. Take care to fill out all fields!

Anticipated Start Date (month + year):

Program:

Name:

Street Address 1:

Street Address 2:

City, State, and Zip Code:

Phone:

Personal email Address:

School email Address:

Gender:

Year of Birth:

Education

Highest Degree Earned:

Year:

University Awarding Degree:

Did you attend an LCMS University at any time?

State/Province that Issued Your Teaching Certificate (past or present):

Church

Church Affiliation:

If "Other", please specify:

Name, City & State of your Church:

Length of LCMS Church Membership:

Date of LCMS Membership if less than two years (month/year):

Synodical District:

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Employment

School Name:

Street Address 1:

Street Address 2:

City, State, and Zip Code:

School Phone:

Type of School (closest match):

Applicant Teaching Position:

Length of Time Teaching in an LCMS School:

Start Date for Tenures Less than One Year (month/year):

Principal/Supervisor Name:

Pastor from Church Supporting the School:

Other

Which Concordia University have you chosen for the final interview and certification?

For non-Teacher Colloquy candidates (DCE, DCO, Deaconess, DCM, DPM, DFLM), list your Concordia University contact:

How did you hear about this program?

Other comments and notes: