

PRESBYTERIAN LAY ACADEMY
Presbytery of Mackinac

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Registration Fee: _____ (There will be additional fees associated with Commissioned Lay Pastor training and for individual courses)

Are you applying for a particular course or certificate? _____

If yes, which one? _____ (you will not be enrolled in Commissioned Lay Pastor Program until approved for that by the Committee on Preparation for Ministry.)

Course work completed.

Name of Course

Date Started

Date of satisfactory completion