



KERNEL UNIVERSITY

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COURSE REGISTRATION AND RECORD FORM (D. Min)

1. Personal Information:

Student Name: _____ Student ID: _____

Address: _____

Phone: _____ Email: _____

2. Program of Study:

Doctor of Ministry (D. Min)

3. Applying for: Winter Spring Summer Fall Year(2022)

	Course #	Course Name	Day	Units	Instructor
<input type="checkbox"/>	PT750	Contemporary Evangelism Strategies	Wed	4	Kyung Mo Koo
<input type="checkbox"/>	PT810	Developing Missional Church	Fri	4	Matthew Woo
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Student Signature: _____ Date: _____

Academic Dean or

Director Signature: _____ Date: _____

Dir. Adm. Reg. Signature: _____ Date: _____