



Individual Completion Form

Participant's Name: _____ Phone Number: _____

Participant's Email: _____ Date: _____

Course Title	Online	Onsite	Instructor (Onsite Only)	Pass/Fail	Date

Personal Use	
Transfer to Spirit & Life Seminary	
Ministry Licensure	
Other	

Please attached in the email the "Certificate of Recognition" if you had completed a course onsite.

Email this form to idd@cogop.org and we will response no later than 48 hours.

Current Pastor's Endorsement

Print First and Last Name

Signature