



KINGDOM COVENANT BIBLE INSTITUTE
Program of Study
Certificate of Counseling

Student Name _____ Student ID _____

Student Email _____ Student Phone _____

Enrollment Semester/Year: _____ Advisor _____

Course Number	Course Name	Credits
CO100	Intro. to Pastoral Counseling	3
CO200	Counseling Women	3
CO201	Domestic Violence Crisis Counseling	3
CO300	Pastoral Leadership & Care	3
	Total Credits	12

The student must “ink” sign this document as a contractual agreement of understanding that all courses must be successfully completed in order to earn a Certificate of Counseling.

Student Signature _____ Date _____

Advisor’s Signature _____ Date _____

Dean/President’s Signature _____ Date _____