



TRUTH. TRAINING. TRANSFORMATION.

# REGISTRATION FORM

## Office of the Registrar

|  |                                 |                                 |                      |
|--|---------------------------------|---------------------------------|----------------------|
| <b>Semester:</b> <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <b>Year:</b> 20__ __ |
|--|---------------------------------|---------------------------------|----------------------|

*(please print)*

Name \_\_\_\_\_ SID# \_\_\_\_\_  
Last
First
Middle

Cell Number/Contact Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Program:**  Undecided  Certificate  Associate  Bachelor

Do you currently receive Financial Aid  Yes  No

### COURSE REGISTRATION

| SUBJECT | COURSE NO | Sec # | Course Title | Instructor | Cr Hrs | Authorized Signature |
|---------|-----------|-------|--------------|------------|--------|----------------------|
|         |           |       |              |            |        |                      |
|         |           |       |              |            |        |                      |
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Students are required to register and arrange for the payment of all tuition and fees. Registration dates and deadlines are available on the academic calendar. NOTE: Registration is not final until all financial obligations have been met or satisfactory financial arrangements have been made. The College of Biblical Studies reserves the right to administratively drop students at any time from courses due to non-payment of tuition and fees.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_