

REGISTRATION FORM

Office of the Registrar

Name	Semester:		☐ Spring	☐ Summer	Year: 20				
Cell Number/Contact Number	(please print)	1							
Cell Number/Contact Number				Final	8834416	SID	SID#		
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				First					
Do you currently receive Financial Aid	Cell Number	r/Contact Number	er		E-Mail Address			-	
SUBJECT COURSE NO Sec # Course Title Instructor Cr Hrs Authorized Signature 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	Program: ☐ Undecided			☐ Certificate	☐ Associate	Γ	□ Bachelor		
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Comments									

7000 Regency Square Blvd * Houston, TX 77036 * 832-252-4631 * 832-252-4698 Fax * www.cbshouston.edu/registrar