REGISTRATION FORM

Office of the Registrar

Semester: ❒ **Fall** ❒ **Spring** ❒ **Summer** **Year: 20__ __**

(please print)

Name_____ **SID#**_____

Last First Middle

Cell Number/Contact Number_____ **E-Mail Address**_____

Program: ☐ **Undecided** ☐ **Certificate** ☐ **Associate** ☐ **Bachelor** ☐ **Audit** ☐ **Dual Credit**

Do you currently receive Financial Aid ❒ **Yes** ❒ **No** **Campus:**_____

Are you eligible for State Aid? ❒ **Yes** ❒ **No**

COURSE REGISTRATION

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_____ Date_____

For Office Use ONLY

Processed by:_____ **Date:**_____

Comments:_____

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