



**REGISTRATION FORM
2020-21 ACADEMIC YEAR**

PLEASE PRINT ALL REQUESTED INFORMATION LEGIBLY

FIRST NAME:	MIDDLE NAME:	LAST NAME:	DATE OF BIRTH:
PHYSICAL ADDRESS		City:	State: Zip Code:
HOME PHONE:	MOBILE PHONE:	E-MAIL ADDRESS:	

EMERGENCY CONTACT INFORMATION:

FIRST NAME:	LAST NAME:		
HOME PHONE:	MOBILE PHONE:	OTHER:	

ACADEMIC HISTORY:

HIGH SCHOOL:

NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
HIGHEST GRADE LEVEL COMPLETED (<i>CHECK ONE</i>): <input type="checkbox"/> 9 TH <input type="checkbox"/> 10 TH <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH	CERTIFICATE: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> OTHER	YEAR GRADUATED:	

COLLEGE / UNIVERSITY:

NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DEGREE(S) <i>LIST ABBREVIATION(S) BELOW</i> :	CERTIFICATE (<i>PLEASE SPECIFY</i>): <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER	YEAR GRADUATED:	

GRADUATE SCHOOL:

NAME OF COLLEGE:		COURSE OF STUDY:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
GRADUATE PROGRAM (<i>CIRCLE / CHECK ONE</i>): <input type="checkbox"/> COMPLETED <input type="checkbox"/> ATTENDED <input type="checkbox"/> APPLICANT	CERTIFICATE: <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER	YEAR GRADUATED:	

SEMINARY / BIBLE COLLEGE:

NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
DEGREE(S):(LIST ABBREVIATION(S) BELOW)		CERTIFICATE (PLEASE SPECIFY): <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER	YEAR GRADUATED:

PAYMENT INFORMATION:

METHOD OF PAYMENT: <input type="checkbox"/> DIGITAL <input type="checkbox"/> CREDIT / DEBIT <input type="checkbox"/> CHECK / MONEY ORDER	
TERM 1 – 2020 (SEPTEMBER 14th - NOVEMBER 6th)	
Undergraduate Courses	Graduate Courses
<input type="checkbox"/> STUDY OF THE BOOK OF 1 CORINTHIANS (MONDAYS) <input type="checkbox"/> PRAYING WITH POWER (THURSDAYS)	<input type="checkbox"/> SHEPHERDING THE MENTALLY ILL (THURSDAYS)
TERM 2 – 2020 (NOVEMBER 9th - JANUARY 22nd)	
Undergraduate Courses	Graduate Courses
<input type="checkbox"/> FOUNDATIONS OF LEADERSHIP (MONDAYS) <input type="checkbox"/> STUDY OF THE BOOK OF HEBREWS (THURSDAYS)	<input type="checkbox"/> INTRO TO THE NEW TESTAMENT (THURSDAYS)
TERM 3 – 2021 (JANUARY 25th - MARCH 19th)	
Undergraduate Courses	Graduate Courses
<input type="checkbox"/> STUDY OF THE BOOK OF REVELATION (MONDAYS) <input type="checkbox"/> CHRISTIAN EDUCATION IN THE CHURCH (THURSDAYS)	<input type="checkbox"/> CHRISTIAN DOCTRINE (THURSDAYS)
TERM 4 – 2021 (MARCH 22nd - MAY 21st)	
Undergraduate Courses	Graduate Courses
<input type="checkbox"/> STUDY OF THE GOSPELS (MONDAYS) <input type="checkbox"/> INTRO TO CHURCH GOVERNANCE (THURSDAYS)	<input type="checkbox"/> CHURCH HISTORY (THURSDAYS)

Student's Signature _____ Date: _____

****FOR OFFICIAL TTS USE ONLY****

APPLICATION RECEIVED BY (PLEASE PRINT YOUR NAME):	DATE RECEIVED:	DATE FILED:
SIGNED BY:		DATE FILED:
CREDENTIALS RECEIVED BY (PLEASE PRINT YOUR NAME):	DATE RECEIVED:	DATE ISSUED:
SIGNED BY:		DATE ISSUED:
PREPARED:		DATE ISSUED: