



REGISTRATION FORM

Name: _____ Date: _____
 Address: _____ City _____ State _____ Zip _____
 Level of Study: Certificate: ETA ___ 30 Hr. ___ 60 Hr. ___ E-mail Address: _____
 College Degree: Associate ___ Bachelor ___ Home Phone #: () _____
 Personal Enrichment: ___ Cell Phone #: () _____
 Sr. Pastor/ Church Home: _____

Term: _____ Year: _____ New Student ___ Returning Student ___
 Program: Day College ___ Evening College ___ Certificate ___

REGISTER ME FOR THE FOLLOWING COURSES:

<u>Course #:</u>	<u>Course Name</u>	<u>Instructor</u>	<u>Hours</u>	<u>"X" if Auditing</u>
Total Credit Hours:			_____	

FINANCIAL INFORMATION

Application Fee: (New Students only – \$10.00) \$ _____
 Registration Fee: (All Students- Each Semester ...\$ 15.00) \$ _____
College Tuition:
 *\$60.00/Cr. Hr. X _____ Credit Hours = \$ _____
 Library Fee ...\$10.00 (For all College Students) \$ _____
Certificate Tuition:
 \$25.00 per Course (Credit and Non-credit) ... X _____ Courses \$ _____
Audit: College - \$30.00/Credit Hr. \$ _____
 Williams Bible Conference Fee (Spring Semester Only \$10 – All Students) \$ _____
Late Registration Fee... \$10.00 (After 1st Day of Classes) \$ _____

Revised 7/20/08 **TOTAL DUE: \$** _____

MONTHLY PAYMENT PLAN REQUESTED: Signature: _____
 Requires 25% at registration. One-third Payment due Monthly. Final Payment before Final Exam.
 AMOUNT SUBMITTED: \$ _____ RECEIPT #: _____ STAFF: _____