



Angelos Bible College

REGISTRATION FORM FOR CREDIT

Please complete and sign this form before you return it to the Registrar's Office

PERSONAL INFORMATION

Name: _____ License No: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Degree Program: Certificate _____ Associate _____ Bachelors _____
 Masters _____

Please circle the appropriate semester: Fall Spring Summer Year _____

TO REGISTER OR ADD CLASS

Course Prefix <i>Example</i> CO	Course No. <i>Example</i> 120	Course Name <i>Example</i> Intro to Counseling	Day <i>Example</i> M	Time <i>Example</i> 6:30 p.m.	Credit (c) Audit (A) <i>Example</i>
TOTAL CREDITS					

Student Signature _____ Date _____

Approval Signature (if needed) _____ Date _____

Tuition due dates and course fees in course announcement brochure

To Drop a class, WITHDRAWL from all classes or changes form AUDIT to CREDIT

Course Prefix <i>Example</i> CO	Course No. <i>Example</i> 120	Course Name <i>Example</i> Intro to Counseling	Day <i>Example</i> M	Time <i>Example</i> 6:30 p.m.	Credit (c) Audit (A) <i>Example</i>

Payment: Cash or Check. Make checks payable to Angelos Bible College

Approval is required for the categories: Audit, course overload (less than 12 hours)