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

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

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