

REGISTRATION FORM

(Fall 20_____ Spring 20_____ Summer 20_____)

The student is responsible for meeting all the graduation requirements for the program. Additional fees may be applied to your bill and anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition & fee charges. Students must officially drop or withdraw class in order to be reimbursed according to the published refund schedule.

1. Name First _____ Last _____ 2. CU ID: _____ 3. Gender: F _____ M _____

4. Birth Date (mm/dd/year) _____

5. E-mail Address _____

6. Cell Phone _____

7. Home Phone _____

8. Permanent Address _____

9. Mailing Address (If different from above) _____

Enrollment Status	Full-Time _____	Part-Time _____	Non-Degree _____
Attending Program (Check one)	Bachelor in Biblical Studies		Bachelor in Christian Music
	Certificate in Teacher Church Education		Certificate in Christian Counseling
	Diploma in Vocal Performance		Diploma in Music Performance

Course #	Subject	Class Hour	Cr.	Course #	Subject	Class Hour	Cr.
Tuition & Fee	Number of Credit: _____ Tuition: \$ _____ Registration Fee: \$10 Total: \$ _____						

Student's Signature & Date _____