REGISTRATION
Graduate Admissions and Student Services

First Name: _____ M.I.:_____ Last Name: _____

Address: _____ Phone: (_____)_____
Street City State Zip

E-mail:_____@_____

In which graduate program are you are enrolled?

___ Christian Ministries
___ Counselor Education
___ Education
___ MBA Cohort #_____
___ MBA Prerequisite
___ MSN Cohort #_____

Semester: _____

First Term:

COURSE NO.	COURSE TITLE	HRS.

Second Term:

COURSE NO.	COURSE TITLE	HRS.

Full Term:

COURSE NO.	COURSE TITLE	HRS.

Total Credit Hours for Semester _____

Please Indicate Payment Plan:

A - ____ Financial Aid with ¼ payment (if applicable)
B - ____ Business Deferred
C - ____ Business Deferred 2nd Term
D - ____ 2 Payments – 1st Term
E - ____ 2 Payments – 2nd Term
F - ____ Full Payment
P - ____ 4 Payments

Credit Card: ___ VISA ___ MasterCard ___ Discover

Signature _____

Card #_____

3-Digit Security Code _____ Exp. Date ____/____

Advisory Statement:
I understand that registration or change of registration is contingent upon approval of the Program Director and/or Director of Admission & Student Services. I also agree to the financial terms on this form and in the most recent catalog.

___ I agree ___ I do not agree _____ _____
Signature *Date*

(OFFICE USE ONLY)

Date entered into Computer _____ *ID #* _____

Revised 6/2005