



CENTER FOR BIBLICAL STUDIES STUDENT REGISTRATION

Semester: Fall Spring Summer Year: 20 _____ Have you taken a CBS course before? Yes No

Name _____ Student ID# _____

Address _____ Date _____

City/State/Zip _____

Email _____

Home Phone _____ Work _____ Cell _____

Course #	Course Name (\$30 per course)

Method of Payment:

Cash \$ _____ Check # _____ Credit/Debit Card

If Paying with Credit or Debit Card:

Card type: Credit Card Debit Card

MasterCard Visa Discover American Express

Name on Card _____

Credit/Debit Card # _____

Card Expiration Date _____ Card V-Code (three digit code on back) _____

Due \$	
Paid \$	