

COURSE REGISTRATION FORM

Refer to the website for detailed information on the registration process or contact the Registrar's office. The registration form must be completed in **DUPLICATE**.

PLEASE COMPLETE IN BLOCK LETTERS

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3. Nam						-		т.				NC 1 11 N	· .		
Title	Last N	ame/Surnam	ne		First Name					Middle Name(s)					
4. a) P	ermane	nt Address:	Apt/S	Street	PO Box					5. Mailing	g Ad	dress (if different	from 4a):A	Apt/S	Street/PO Box
City/Town/Post Office				Country					City/Town/Post Office			Country			
b) Name of Emergency Contact				c) Contact's Tel. Number					b) Active Dates (if applicable)						
										Fr/ To/					
6. Hom	e/Perma	nent Phone (()	_		7. Cell Phone () -								
6. Home/Permanent Phone () 8. Work Phone () -									9. Fax Number () -						
10. Email Address									11. Church Name						
10 M		SECT			ROGRAN						Г	SECTION C	C – ACCO		
12. M 3	ajor ble & Th	eology	13.	_	ramme Certificat		15. ·	Categor Year 1	r y [1 - 3	9cr]		16. Dorm			Occupancy
			_	Diplo				Year 2	[40 -			☐ Baker Hall	Hell		Single
☐ Christian Education☐ Missions		☐ Bachelor							108cr] Lillian Jose		☐ Lillian Joseph			Double	
		1.4							- 129cr]				Ш	Apartment	
☐ Pastoral Studies☐ Psych. & Counselling		14. Status ☐ Full time				☐ Special						Room #			
☐ Youth Develop			☐ Part time				Брески				18. Room # _				
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Student	t Signatu	re								Date _			_		
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OFFICER					SIGNAT	URI	E		D	ATE	COMMENTS				

OFFICER	SIGNATURE	DATE	COMMENTS
Academic Advisor			
Registrar			
Business Officer			
Assistant Registrar			