



Calvary Bible Institute
802 Rhode Island Avenue, NE
Washington, DC 20018
Phone: (202) 269-0578
Email: www.CalvaryBibleInstitute.org

Registration Request Form

(Please Type or Print)

| | | | | | |
|-------------------------|--|---|------|----------------------|----------|
| Student SS# | | Check (if applicable) <input type="checkbox"/> New Address <input type="checkbox"/> New Phone # <input type="checkbox"/> Name Change | | | |
| Last Name | | First Name | | Middle Name | |
| Address | | Apt # | City | State | Zip Code |
| Home Phone () - | | Email Address | | Name Previously Used | |
| Business Phone () - | | Employer | | | |

| | | | | |
|----------------|--------|------------|-------------|-----------|
| Marital Status | Gender | Birth Date | Citizen of: | Visa Type |
|----------------|--------|------------|-------------|-----------|

IMPORTANT

Return completed Registration Form with payment to: Calvary Bible Institute, 802 Rhode Island Avenue, NE, Washington, DC 20018

| | | | | |
|---|--|---|---|--|
| Academic Year | Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other _____ | | | |
| Program Concentration | <input type="checkbox"/> Certificate of Biblical Studies | | Entering Status <input type="checkbox"/> New <input type="checkbox"/> Continuing (attended during previous 12 months) <input type="checkbox"/> Re-entering (did not attend in previous 12 months) _____ Date of Last attendance | |
| Anticipated Graduation Date: June 20_____ | Application Due Date will be enforced. | Program Status <input type="checkbox"/> Certificate <input type="checkbox"/> Other | | |

Course Information

Course Status Key: C = Credit; A = Audit

| Course Key (i.e., BS100) | Course Title | Credits | Instructor | Status (Circle one) |
|-----------------------------|--------------|---------|------------|---------------------|
| | | | | C A |
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|--|------|------------------------|---|
| Payment type: <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Other <input type="checkbox"/> MasterCard <input type="checkbox"/> Payment Plan | | | Would you like a Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Card # | | Expiration Date | Amount |
| Student's Signature | Date | Departmental Signature | Date |

| | | |
|--------------------------|-----------------------|-------|
| OFFICIAL USE ONLY | Registration Fee | _____ |
| | Late Registration Fee | _____ |
| | Other | _____ |
| | Total | _____ |