Faith Bible College

Registration Form

Name:_____Mr. / Mrs.____
Last First MI (Circle One)

Address:_____
Street Apt. # City State Zip Phone

E-Mail Address:_____

Name of Church you attend:_____

Signature:_____ Date:_____

Are you pursuing a degree with FBC? † Yes † No

Check which method applies to you:

† Online Student † Credit Seeking Student † Audit † Senior Audit † Church Member

† Continuing Education Unit

1.Select the appropriate Semester/Term Code:

1 = Fall 2 = Spring 3 = Summer

2.Write your Student ID Number (or SSN)

___ ___ ___ – ___ ___ – ___ ___ ___ ___

Course #	Course Title	Day	Credits
Sample Th 121	Sample "Intimacy With God"	Sample Thursday	Sample 1 Credit

Total Credits _____ Tuition Due $_____

Payment: *You may pay by sending a check or money order by mail or you may make payment at the campus Business Office. Your registration is not complete until your tuition is paid or arrangements for payment are made. Early registration is strongly encouraged.*