

# CARVER BAPTIST BIBLE COLLEGE

## COLLEGE REGISTRATION FORM

*Revised (Pink) June / 2017*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: xxx - xx - \_\_\_\_\_ (Last 4 #s)

First                      Middle Initial                      Last

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sr. Pastor/ Church Home: \_\_\_\_\_

New Student: \_\_\_ Returning: \_\_\_  
Day: \_\_\_ Night: \_\_\_

Church Address: \_\_\_\_\_

**(All New Students Must Complete an Application—Contact Carver for Application Form.)**

<u>Course #:</u>	<u>Course Name</u>	<u>Instructor</u>	<u>Credit Hours</u>	<u>"X" if Auditing</u>

(List Additional Courses – On Back)

<b><u>Tuition:</u></b>	<b><u>College Tuition (For Credit)</u></b>	\$85.00/Cr. Hr. X _____	Credit Hours = \$ _____
	<b><u>College Tuition (For Audit)</u></b>	\$50.00/Cr. Hr. X _____	Credit Hours = \$ _____
<b>TOTAL TUITION \$</b>			_____

<b><u>Fees*:</u></b> Application Fee: (New Students Only - \$20.00) .....	\$ _____
Registration Fee: (ALL Students – Each Semester - \$15.00) .....	\$ <u>15.00</u>
Resource Fee: (ALL Students – Each Semester - \$10.00) .....	\$ <u>10.00</u>
Williams Bible Conf.: ( <u>Spring Semester Only</u> - \$20.00) .....	\$ _____
Late Registration Fee: ( <u>After</u> Registration Dates - \$20.00) .....	\$ _____
Service Fee: (For Students Using the Monthly Payment Plan - \$20.00)	\$ _____
<b>TOTAL FEES \$</b> _____	

**\*ALL FEES ARE NON-REFUNDABLE AND DUE AT REGISTRATION.**

**TOTAL TUITION & FEES \$** \_\_\_\_\_

**COLLEGE PAYMENT PLAN - 25% Tuition Due at Registration - Remaining payments due on the 1st of EACH month**  
A **\$5.00 LATE PAYMENT FEE** WILL BE ADDED **EACH** MONTH THE MINIMUM REQUIRED PAYMENT IS NOT MADE TIMELY.

TOTAL TUITION \$ \_\_\_\_\_ x 25% = \$ \_\_\_\_\_ monthly payment

**REQUIRED PAYMENTS TO REGISTER:**

Total Fees \$ \_\_\_\_\_ + 1<sup>st</sup> month Tuition Payment \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_

(Staff Only)

PAYMENT RECEIVED: \$ _____	RECEIPT #: _____	DATE: _____
FORM OF PAYMENT: CASH: _____	CHECK #: _____	CC/PayPal: _____
		STAFF INITIALS: _____