CARVER BAPTIST BIBLE INSTITUTE

CERTIFICATE/AOG REGISTRATION FORM

Revised (Yellow) June /2018

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: _____

Church Address: _____

New Student: ___ Returning: ___
Day: ____ Night: ___

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

APPLES OF GOLD COURSE REGISTRATION

AOG MODULE #: _____ Course Name: _____ (Cost $75.00) $_____

AOG MODULE #: _____ Course Name: _____ (Cost $75.00) $_____

TOTAL AOG TUITION $ _____

CERTIFICATE COURSE REGISTRATION

(List Additional Courses – On Back)

Course #:	Certificate Course Name	Instructor	"X" if Auditing

TOTAL CERTIFICATE TUITION (For Credit/Audit) - $60.00 per Course $ _____

Fees*:

Application Fee: (ALL New Students - $30.00) ..……	$ _____
Registration Fee: (Certificate Students - Each Semester - $20.00) …..	$ _____
Resource Fee: (Certificate Students) - Each Semester - $10.00)…...…	**$** _____
Williams Bible Conf.: (Spring Semester Only - $25.00) ….……..……	**$** _____
Late Registration Fee: (After Registration Dates - $30.00) ……..	**$** _____
Service Fee: (For Students Using the Monthly Payment Plan - $20.00)	**$** _____
Graduation Fees: (Apples of Gold - $35.00 or Certificate $50.00)	**$** _____

TOTAL FEES $ _____

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

TOTAL TUITION (AOG AND CERTIFICATE) & FEES $ _____

INSTITUTE PAYMENT PLAN - 25% Tuition Due at Registration - Remaining payments due on the 1st of EACH month

A **$20.00 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 $_____ + 1st month Tuition Payment $_____ = $_____

STUDENT SIGNATURE _____

(Staff Only)

PAYMENT RECEIVED: $_____ RECEIPT #: _____ DATE: _____

FORM OF PAYMENT: CASH: _____ CHECK #: _____ CC/PayPal: _____ STAFF INITIALS: _____

(REGISTRAR STAFF ONLY): REGISTRAR COPY(Yellow) _____ TREASURER COPY(Green) + RECEIPT _____