

AMERICA COME BACK TO GOD BIBLE INSTITUTE
560 ROCKAWAY AVENUE, BROOKLYN, NY 11212
718-342-4238

REGISTRATION FORM

SEMESTER: Fall () Spring ()
CLASSES: Day () Night ()

TODAY'S DATE: _____

PERSONAL INFORMATION *(Please Print)*

Last Name _____ First Name _____ Middle Initial _____

Address: _____ Apt. # _____ City _____ State _____ Zip _____

Telephone #: _____ (Home) Telephone #: _____ (Cell)

E-mail Address: _____

ACADEMIC INFORMATION

DEGREE: Th.B () B.R.E. () Th.M () M.R.E. () D.R.E. () ST.D. () D.D. ()

Auditor: Sit In () Diploma () Certificate () Senior Citizen () In-House () Zoom ()

I WILL NOT GIVE OUT THE ZOOM PHONE # AND PASSCODE TO OTHERS.

Signature: _____

EDUCATION HISTORY

High School Attended: _____ # of Years _____

College Attended: _____ # of Years _____

Did you receive a degree?: _____ Date: _____ Type of Degree _____

Biblical Education? _____ If so, what school? _____

Dates: _____ Did you receive a Degree: _____ Type: _____

REGISTRATION FEE -- \$25.00: \$15.00 for Seniors/Disabled: \$10.00 for Youth/Children (Non-Refundable)

COURSE FEE for 12 Week Courses -- \$75.00: \$60.00 for Seniors/Disabled: \$40 for Youth/Children

COURSE #	COURSE NAME	# OF CREDITS	COURSE FEE

Total Credits _____ Total Tuition \$ _____ Payment \$ _____

Balance Due \$ _____ Payment made by: Cash () Check () Check # _____ Money Order ()

DO NOT SEND CASH THROUGH THE MAIL

Student Signature: _____ Registrar: _____