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

REGISTRATION FORM

SEMESTER: Fall ( ) Spring ( ) TODAY'S DATE: _____
CLASSES: Day( ) Night ( )

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: _____

FORMER EDUCATION

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 Senior Citizens (Non-Refundable)

COURSE #	COURSE NAME	# OF CREDITS	COURSE FEE

Total Credits_____ Total Tuition $_____ Payment $_____

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

DO NOT SEND <u>CASH</u> THROUGH THE MAIL

Student Signature: _____ Registrar _____