

CALVARY BIBLE COLLEGE & SEMINARY



Application & Registration

Enrollment Date: _____ Academic Advisor _____

Student Name _____ Email _____

Address _____ City _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Number _____ Fax _____

Date of Birth _____ Place of Birth _____ U.S. Citizen Yes or No _____

Professional Occupation _____ Place of Employment _____ Position _____

Highest level of education completed _____ 12th grade—College Degree Earned _____

- Application and Processing Fee \$50.00, non-refundable
- Transcript Enclosed
- Transcripts have been requested
- Professional and or Ministerial Resume Enclosed
- Please enroll me in _____

Please Place
Current
Photo Here

Acceptance Date ___/___/___
Application and Registration Fee paid by

- Cash
- Check
- Money Order
- Credit Card

Affiliate Center Calvary Bible College & Seminary
Faculty Acceptance _____

For Your Convenience We Accept

VISA _____

Master Card _____

Discover _____

Expiration Date _____/_____
Amount Authorized \$ _____
Authorizing Signature _____



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