

# CALVARY BIBLE COLLEGE & SEMINARY



## Application & Registration

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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 \_\_\_\_\_ 12<sup>th</sup> 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