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| **AGAPE BIBLE COLLEGE**  **STUDENT REGISTRATION FORM**  **Please Print Clearly** | | | | | |
| Name: | | | | | |
| Date of Birth: | Male \_\_\_\_\_ Female \_\_\_\_\_ | | | | Married \_\_\_\_\_ Single \_\_\_\_\_ |
| Current Address: | | | | | |
| City: | State/Country: | | | | Postal Code: |
| Home Phone #: | Cell Phone #: | | | | Email Address: |
| **ACADEMIC INFORMATION** | | | | | |
| I graduated from: High School ( ) GED ( ) Other ( ) If other, please explain: | | | | | |
| Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Degrees and/or certifications earned: |
| Degree: | | | Certification: | | |
| Short and long-term goals for study: | | | | | |
| **SPIRITUAL INFORMATION** | | | | | |
| How long have you been saved (months/years)? | | | | | |
| What is the name of your Church and Pastor?  Believe Ministries Worship Center Pastor James and Julie Wheeler | | | | Phone:  (254) 500-8045 | |
| City: Temple | | State/Country: Texas | | | Postal Code: 76502 |
| Because of the requirement for pastoral recommendation for admission into the school, there may be times when we communicate with your pastor concerning your progress in the studies and your resulting spiritual growth. | | | | | |
| **SPOUSE INFORMATION IF MARRIERD** | | | | | |
| Name: | | | | | |
| **FINANCIAL OBLIGATIONS** | | | | | |
| Application Fee: $25.00 | | | ~~Registration Fee: $25.00~~ Belton New Life discount | | |
| Course Fee: ~~$20.00 (per course)~~  $10.00 (per course) Belton New Life discount | | | Graduation Fee: $150.00  (does not include cap and gown) | | |
| **SIGNATURE** | | | | | |
| I authorize the verification of the information provided on this form as to my academic records. | | | | | |
| Signature of Applicant: | | | Date: | | |

Give your completed form to either Pastor James or Julie Wheeler

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Administrator: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_