

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: _____	Degrees and/or certifications earned:
Name of College: _____	
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 MARRIED

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: _____