

Channel Islands Bible College and Seminary Independent Studies Registration Form

RETURNING STUDENT { }

NEW STUDENT { }

Date: _____ Home Phone: (____) _____ Mobile Phone: (____) _____ Wk Phone: (____) _____

Name: Last _____ First _____ M.I. ____ Date of Birth: ____/____/____ Gender [] M [] F

Street Address _____ Apt. _____ City _____ St. _____ Zip _____

E-mail Address: _____

Marital Status [] Married [] Single Citizen of: _____
Name of Country

High School Attended _____ City _____ St. _____ Graduation Year _____

If not a High School Graduate do you have a GED? [] Yes [] No.
If yes, obtained from: _____ Highest Grade Completed: _____ Degrees Held: _____

Christian? _____ If yes, how many years? _____ Church Affiliation _____ City _____ St. _____

Emergency Contact Person: _____ Relationship _____ Phone: (____) _____

By signing this form on the bottom of page two you are giving Channel Islands Bible College & Seminary authorization to register you for the given semester. This form becomes a permanent part of your student file once it is turned in to the Registrar's Office. If you wish to change your registration you will need to complete a Secondary Registration Form or a Class Withdrawal Form respectively. By affixing your signature at the bottom of page two you are identifying yourself as a student at Channel Islands Bible College & Seminary and are affirming your commitment to being equipped for the work of the ministry as outlined in the CIBCS Student Handbook.

Select No More Than Three (3) Classes

PLEASE REGISTER ME IN THE FOLLOWING CLASSES:

For Selection of Available Independent Studies Classes Refer to the Student Handbook

Class Title: _____ Code: _____

Class Title: _____ Code: _____

Class Title: _____ Code: _____

Student Signature _____ **Date:** _____

Equipping the Saints for the Work of Ministry