



Enrollment Form

Extension Student

Kansas City College and Bible School

Name _____ Semester _____ Date _____
Street Address _____ Email _____
City _____ State _____ Zip Code _____
Home Phone _____ S.S. Number _____
Cell or Other Phone _____ Date of Birth _____
Home church _____
Address of church _____

List the course(s) desired:

Course Title	Hrs	Location of class
_____	_____	_____
_____	_____	_____

Total number of credit hours for which I am enrolling: _____

Please check all that apply:

- I wish to receive academic credit * I plan to audit the course(s) **
 I plan to work toward a degree (If so, we will need an official transcript for any previous college work.)

Intended degree objective: _____

Signature of student: _____

* Credit students must register before the third week of class. An auditing student may register at any time.
** An auditing student does not receive a letter grade and may, but is not required to, fulfill the course requirements.