



CAROLINA UNIVERSITY OF THEOLOGY

14654 Joplin Road Manassas, VA • Woodbridge, VA 22193
(703) 791-3499 / 791-8263 FAX

{COURSE REGISTRATION FORM}

ACADEMIC YEAR: 2011/2012
SEMESTER PERIOD: Aug. 16- Dec. 17

TODAY'S DATE _____

NAME _____
(Last) (First) (Middle)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

SSN/Student ID#

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ITEMS NEEDED TO REGISTER
<ul style="list-style-type: none"> • Admissions Application (New enrollees only) • Course Registration Form • OFFICIAL transcripts from all colleges attended (New enrollees only)

2012 FALL COURSE SCHEDULE

CRS. CODE/TITLE	DAY	DATES	TIME	INSTRUCTOR
<input type="checkbox"/> CE-502 History of the Scriptures I & II	TUES.	8/16-12/17	7:00 p.m.	Powell, C
<input type="checkbox"/> BA- 101 The Pentateuch I & II	SAT.	8/16-12/17	9:00 a.m.	Washington, D
<input type="checkbox"/> BA-202 Minor Prophets I & II	TUES.	8/16-12/17	7:00 p.m.	TBA
<input type="checkbox"/> TH-506 Hermeneutics I & II	SAT.	8/16-12/17	9:00 a.m.	TBA

I am only enrolled in one course. Enclosed is my tuition payment of \$_____.

I am on the monthly payment plan. Enclosed is my tuition payment of \$_____.

Please initial next to the appropriate method of payment:

_____ **TAP –Tuition Agreement Plan** PLEASE COMPLETE SEPARATE APPLICATION, if not already completed. (Effective January 2011, all students' financial obligations with the University will be financed through Tuition Options.)

_____ **PD – Payment in Full.** Pay in full two weeks before the term begins or you will be automatically dropped from your class.

_____ **I understand and agree that I am fully and personally liable for all tuition and other fees and charges incurred by me to Carolina University of Theology.** If, at any time, any amount is not paid as and when due to Tuition Options, for any reason whatsoever, including without limitation, delay or error of a government entity, corporation or other third party, I agree to pay the entire amount due within ten (10) days of receipt of a request for payment. I further agree that Carolina University of Theology shall have the right to withhold transcripts or diplomas related to my enrollment, cancel my enrollment for a current term and/or refuse my enrollment for future terms. If, at any time, my account is overdue or has been overdue in the past, Carolina University of Theology reserves the right to refuse to allow me to participate in its Tuition Options Payment Plan. In the event that my account is referred to an agency or attorney for collection, I promise to pay, in addition to all amounts otherwise due to Carolina University of Theology, the costs and expenses of such collection and/or representation, including, without limitation, reasonable attorney's fees and expenses (whether or not litigation is commenced), to the extent permitted by applicable law. I hereby acknowledge and agree that I will be bound by any instructions or authorizations I may give over the telephone to Carolina University of Theology.

Signature

Date of Birth

FOR OFFICE USE ONLY

Payment Amt: _____ **Check #:** _____ **Cash:** _____ **Date:** _____