

# NFCOG Bible Institute

## COURSE ENROLLMENT FORM



Please enclose a non-refundable registration fee of \$10 together with \$25.00 per CEU tuition for each course in which you seek enrollment. Tuition will be refunded to those persons not granted enrollment. Make all checks or money orders made payable to NFCOG Bible Institute and mail to address indicated below.

Qualified Students, who are personally committed to Jesus Christ, are admitted without regard to race, sex, age, disability, national or ethnic origin.

### Course Information

**ENROLLMENT YEAR & SEMESTER FOR WHICH YOU ARE APPLYING:** YEAR: \_\_\_\_\_  
 1st Semester (January - March)  2nd Semester (April-June)  3rd Semester (September-November)

**COURSE NAME/ NUMBER:** \_\_\_\_\_

### Personal Information *(please print)*

STUDENT ID # \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*first middle initial last*  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail Address: *(required)* \_\_\_\_\_ Occupation: \_\_\_\_\_  
In case of an emergency call: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Financial Information

Tuition (# CEU Credits) \_\_\_\_\_ x \$ 25.00 = \$ \_\_\_\_\_  
Registration Fee + \$ 10.00  
Total Semester Registration & Fees *(enclosed)* \$ \_\_\_\_\_

*By signing this registration form I am expressing my desire to enroll in the above course for the specific semester indicated. I understand that should I not be granted enrollment, only my tuition is 100% refundable. I understand that my financial obligation due in full at the time of registration, unless an extension of time has been granted by special permission.*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*



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<http://www.nfcog.org>

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