



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 |
|--------------|-------|---|
| _____ | _____ | <input type="checkbox"/> KCCBS campus <input type="checkbox"/> El Dorado Springs <input type="checkbox"/> Gregory Hills |
| _____ | _____ | <input type="checkbox"/> KCCBS campus <input type="checkbox"/> El Dorado Springs <input type="checkbox"/> Gregory Hills |

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.