



UNITED CHRISTIAN COLLEGE REGISTRATION FORM

Campus Location _____

Today's Date: _____		Semester: _____		
STUDENT INFORMATION				
Last Name: _____		First: _____	Middle: _____	Title: _____
Marital status: _____				
Address: _____				
City _____		State _____		Zip Code _____
Social Security # _____		Date of Birth _____		Home Phone # _____
Email _____		Mobile No. _____		Primary No. _____
Race _____		Gender _____		U.S. Citizen: _____
Program: _____		New Student _____		Returning _____
IN CASE OF EMERGENCY				
First and Last Name _____		Relationship _____	Home phone # _____	Alternate # _____
Course of Study				
Course No.	Course	Day	Time	Instructor
I understand that upon Registration in this program, I have made a commitment to pay the costs in full.				
Signature: _____			Date: _____	

DO NOT WRITE BELOW THIS LINE

Number of Courses: _____

General Fees:

Registration: _____

Library Fee: _____

Tuition: _____

Previous Balance: _____

Amount Due: _____

Amount Paid: _____

Balance Due: _____