Registration for _____ Semester ____, _____

Course #	Course Title	Credit	Audit
	Total Number of Hours		
	Tuition Rate		
	Total Tuition		
	Student Services Fee		
	Faculty Directed Study Fee		
	Tuition Installment Fee		
	Other Charges		
	Scholarships, Discounts, Credits		
	Total		
	Today's Payment		
	Balance		

PO Box 7148
Greensboro, NC
27417

Payment Options

Option 1: Tuition and fees are paid in full at registration.

Option 2: Tuition Installment Plan – All fees and 1/3 of the total tuition are paid at registration. Remaining tuition will be paid in two monthly installments.

I have read and understand this half-semester's charges. I agree to pay the full amount owed in accordance with Carolina Evangelical Divinity School policy.

_____ _____
Student's Signature Date

Form of Payment

Cash: $_____

Check: $_____ Check #:_____

Academic Approval of Course Selection

_____ _____
Registrar's Signature Date

Personal Information

This information is required for registration. Please print clearly.

Name _____ **Student ID** _____

Address _____

City _____ **State** _____ **ZIP** _____

Home Phone _____ **Work Phone** _____

Current Email Address _____

Degree Program _____ **Concentration** _____