

Registration Form for Traditional Students

Registration for: _____ Date _____

() Fall 20_____ Student Name _____

() Spring 20_____ Student Email _____

() Summer 20_____ Student Phone () Cell () Home _____

MAJOR and Minors (Please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Biblical Studies | <input type="checkbox"/> Financial Economics | <input type="checkbox"/> Social Sciences/Pre-legal Emphasis |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> General Science | <input type="checkbox"/> Social Studies/History |
| <input type="checkbox"/> Biology | <input type="checkbox"/> General Studies (AA) | <input type="checkbox"/> Sports Ministry |
| <input type="checkbox"/> Business | <input type="checkbox"/> Global Studies | <input type="checkbox"/> Worship Arts |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Graphic Design/Mrketing Dynamics | <input type="checkbox"/> Undeclared |
| <input type="checkbox"/> Christian Ministry (AAS) | <input type="checkbox"/> Health/Physical Education (K-12) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Communication Arts | <input type="checkbox"/> History | |
| <input type="checkbox"/> Education: Elementary | <input type="checkbox"/> History/Political Science | MINORS: |
| <input type="checkbox"/> Education: Music-Vocal | <input type="checkbox"/> Management & Leadership | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Education: Secondary English | <input type="checkbox"/> Marketing | <input type="checkbox"/> English Composition/Literature |
| <input type="checkbox"/> Education: Secondary Mathematics | <input type="checkbox"/> Mathematics | <input type="checkbox"/> English Literature |
| <input type="checkbox"/> Education: Secondary Biology | <input type="checkbox"/> Music | <input type="checkbox"/> Intercultural Studies |
| <input type="checkbox"/> Education: Social Studies Secondary | <input type="checkbox"/> Nursing | <input type="checkbox"/> Linguistics |
| <input type="checkbox"/> English | <input type="checkbox"/> Pre-Nursing | <input type="checkbox"/> Non-Profit Operations |
| Exercise Science: | <input type="checkbox"/> Pastoral Ministry | <input type="checkbox"/> Pastoral Counseling |
| <input type="checkbox"/> Clinical Fitness Program Mgmt | <input type="checkbox"/> Pastoral Ministry/Biblical Studies | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Non-Clinical Fitness Prog Mgmt | <input type="checkbox"/> Pastoral Ministry/Youth Ministry | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Pre-Therapy | <input type="checkbox"/> Psychology | <input type="checkbox"/> Youth Ministry |

Dept.	Num.	Course Name	Sec #	Time	Days	Room	Cr	Professor
SFOR	1000	CHAPEL	0001	10:10 – 11:10	W F	Chapel	0	Veale/Rotz

NOTE: Once your courses are entered into the computer at the Registrar’s Office and your contract has been signed at the Student Accounts Office, you are **OFFICIALLY REGISTERED. TO CHANGE OR WITHDRAW** from courses it will be necessary for you to complete a drop/add form in the Registrar’s Office.

Student Signature _____

Advisor Signature _____