



HERITAGE CLASS REGISTRATION FORM

NAME
ADDRESS
CITY/STATE/ZIP CODE
MOBILE TELEPHONE NUMBER ()
ALTERNATIVE TELEPHONE NUMBER AND TYPE ()
E-MAIL

PROGRAM (Check One)

<input type="checkbox"/>	Diploma of Ministry
<input type="checkbox"/>	Certificate in Continuing Education
<input type="checkbox"/>	Visiting Student (Audit)

Quarter (Check One)

<input type="checkbox"/>	Fall 20__
<input type="checkbox"/>	Winter 20 __
<input type="checkbox"/>	Spring 20 __

Course Title	Credit or Audit	Tuition Amount
		\$
		\$

My signature below indicates that I am registering for classes at Heritage Center for Religious Studies and that I understand the policies concerning enrollment and registration, class attendance, tuition/fee payments and tuition refunds.

Signature: _____	Date: _____
------------------	-------------