

CLIMB

Course Registration Form

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Init. _____

Date of Birth _____ Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Have you ever taken classes with CLIMB? Yes ___ No ___

Degree Program

- Biblical Studies
- Missions
- Medical Missions
- Christian Leadership
- Pastoral Ministry

COURSE REGISTRATION

| Course Number | Course Title | Semester | Course Location | Day of Week | Grade or Audit | Cost |
|-----------------------|------------------------------------|---------------------------------|---------------------------|----------------------|----------------|----------------|
| <i>(ex.: BIB 101)</i> | <i>(ex.: New Testament Survey)</i> | <i>(ex.: Fall I or Fall II)</i> | <i>(ex.: Somerset WI)</i> | <i>(ex.: Monday)</i> | <i>G/A</i> | <i>\$60.00</i> |
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ITEMS NEEDED TO REGISTER FOR COURSE(S)

- Completed Admissions Application
- Course Registration Form

PAYMENT:

- Cash - Submit cash to your Instructor (get a receipt)
- Check - Make Checks Payable to: CLIMB
- Paypal - Register Online at: www.climbschool.com

Signature: _____ Date: _____

715-247-3000

CLIMB
427 Cty Rd. V V
Somerset WI 54025

Registrar@climbschool.com