



Tri-State Bible College

PO Box 445
South Point, OH 45680

Student I.D.#

DISTANCE EDUCATION Registration Form

SEMESTER: _____ SCHOOL YEAR; _____

PERSONNEL INFORMATION:

Name _____
Last First Middle

Address _____

City _____ ST _____ Zip _____

Phone _____

Title: Mr Rev Dr Mrs Miss Ms Other _____

(Statistical Purposes Only)

Gender _____ Race _____

Date of Birth _____ Place of Birth _____

Marital Status _____ E-mail _____

GENERAL INFORMATION:

Have you ever taken classes in residence at Tri-State Bible College? ___ Yes ___ No

Do you wish to pursue a program at Tri-State Bible College? ___ Yes ___ No

If Yes, which? _____

DISTANCE EDUCATION REGISTRATION FORM

Date _____

I wish to enroll in the following course(s) for the _____ semester, _____
(Fall, Spring, Summer) (School Year)

Number	Course Title	Hrs	Cost
TOTALS			

Signature _____