

Tulare Missionary Baptist Seminary Enrollment Form

Name:		Date:
Street:	City:	Phone No.:
State:	Zip:	Email:

Classification

Year: _____ Fall Spring

Freshman Sophomore Junior Senior Graduate Special

Objective: Associate of Theology Bachelor of Theology Master of Theology

Class Schedule

Course Name	Course No.	Fees/Tuition	
		Registration Fee (\$10.00 x Total classes) (Not to exceed \$50.00)	
		Tuition Fees (\$50.00 per Sem. Hour)	
		Late Fee (\$10.00)	
		Total Paid	
		Balance Due	
		Date Paid	
		Receipt Number	

In Case of Emergency Notify

Name:		Relation:	
Address:		Day Phone:	Night Phone:

Complete this form and mail to:
Tulare Missionary Baptist Seminary P. O. Box 1550
Tulare, CA 93275