



REGISTRATION FORM – Audit Only

STUDENT NAME: _____

STUDENT ID #: _____

	ITEM				FEE
	Registration				\$35.00
Number	Course	Semester Credit Hours	Date	Time	Audit \$100
		3	Tues	7:00pm-10:00pm	
		3	Thurs	7:00pm-10:00pm	
	Late Fee: \$30.00				
	Balance Due:				

By signing this Registration Form, the student understands that he or she is making a financial and contractual commitment to pay all fees identified above, regardless of his or her completion of the academic programs. (This does not include the costs of books.)

Student Agreement:

Name: _____	Date: __/__/____	Signature: _____
----------------	---------------------	---------------------

Registrar Approval:

Name: _____	Date: __/__/____	Signature: _____
----------------	---------------------	---------------------

<p>PAYMENT TYPES (Select One)</p> <p><input type="checkbox"/> Check or Money Order-payable to Delaware Bible College</p> <p><input type="checkbox"/> Credit Card: Read and sign. I hereby authorize Delaware Bible College to charge my credit card (receipt attached) for the amount listed in the "Balance Due" box. (Signer must be the account cardholder). The amount charged may be adjusted for math errors, credit hours, course fees, and any late fees, etc. I agree to be bound by the academic and financial policies that apply at the time of my course registration request.</p>
--

Cardholder's Name (please print) _____ Signature _____