



Study Center Student Registration Form

Please print legibly

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ (Home)

_____ Ext _____ (Work)

Email _____

Birthday ____/____/____ Male Female

Social Security Number _____

(Note: These records are kept confidential. You will receive a Student ID number different than your Social Security Number for your protection. However, your SS# is used as a verification when checking on grades.)

Program of Study (Please check one)

- Ministerial Studies Diploma
 - Certified Minister Level
 - Licensed Minister Level
 - Ordained Minister Level
- Specialized Ministries Diploma (emphasis)
 - Christian Education
 - Children
 - Youth
 - Senior Adult
 - Music
- Bible and Doctrine Diploma
- Urban Bible Training Ministerial Studies
- Church Ministries Diploma
- Christian Service Certificate

Academic Release Authorization

I authorize Study Center Leadership from:

(church or organization)

(City)

(State)

to request academic information from my official student record which is kept with the Berean School of the Bible in Springfield, Missouri until I contact the school and withdraw this authorization in writing.

I understand that Berean School of The Bible offers non-degree courses and that they are calculated in Continuing Education Units, not college credits.

(Student Signature)

(Date)