

BETHEL CHRISTIAN UNIVERSITY

5010 SW 20TH TERRACE. TOPEKA, KS. 66604, USA.

info@bcuks.org

COURSE REGISTRATION FORM

Student must register in all courses he/she plans to take.

Complete this form in duplicate and return a copy to your department at the address above.

Or by E-mail attachment. info@bcuks.org.

Name of Student: _____

Student's Number or User's Name: _____

Program of study: _____

Department: _____ Date: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

Student's Signature: _____

COURSE REQUIREMENTS

COURSE NO	COURSE TITLE	CREDIT HOUR

NOTE: A minimum of six (6) Credit hours (two courses) are required on registration.

Signature

Date