

# BETHEL CHRISTIAN UNIVERSITY

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**(All correspondence by E-mail OR Postal address only)**  
**Fill out this FORM ONLINE, SIGN and SUBMIT or PRINT, SCAN, and E-mail it to the University.**

## COURSE REGISTRATION FORM

Complete and return same to your department.

Name of Student: \_\_\_\_\_

Student's Number/User's Name: \_\_\_\_\_

Program of study: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COURSE REQUIREMENTS

S#	COURSE NO	COURSE TITLE	COURSE FEE	CREDIT HOURS
1				
2				
3				
4				
5				
6				
7				
8				
9				

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

NB: Print a copy for yourself before sending it to the University.