JWM International Seminary

STUDENT REGISTRATION FORM

PLEASE TYPE OR PRINT FIRMLY IN PEN

	Major:						
Student I.D:		Semes	ster:			Cont,	Returning
Name :	Last Firs	st Middle	Home Phone:		Work Phone:		
Address:							
	Unit #	Street	City	Province	State	Postal code	
Course No.		Course Nar	me	Instructor	Day & Time	Units	Office only
My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies which is printed at the back of this form have been clearly explained to me. I understand that I am responsible for the full amount shown and that I will meet this obligation as indicated in the Payment Schedule.							
Student Signature: Date:							