UNITED CORNERSTONE UNIVERSITY (UCU)
REGISTRATION FORM

_____/_____/_____
Date of Registration

CCL ~ CP ~ BBS ~ BTH ~ BRE ~ MDIV ~ DMIN
Degree Program (Circle One)

Year 20_____
[ ] Winter [ ] Spring [ ] Summer [ ] Fall

Last Name _____ First Name _____ Middle or Maiden Name _____

Current Address, No. & Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____ E-mail _____

Quarter Hours	Course Description	Day/Time/Location	Instructor	Status	Fee
				E	
				E	
				E	

LOCATION: **CFCF** = Citadel of Faith Christian Fellowship **ONLN** = ONLINE

W = Withdraw
E = Enrolled
I = Incomplete
WF = Withdrawal with Penalty Grade of F
P = Pending (financial/other ~ see Registrar)

Student Signature_____