



UNITED CORNERSTONE UNIVERSITY (UCU)

REGISTRATION FORM



_____/_____/_____
Date of Registration

CCL ~ CP ~ BBS ~ BTH ~ BRE ~ MDIV
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
 GCRH = Gethsemane Church Rock Hill

NBBC = New Beginning Baptist Church
ONLINE = On-line Instruction

W = Withdraw
E = Enrolled

I = Incomplete
WF = Withdrawal with Penalty Grade of F

P = Pending (financial/other ~ see Registrar)

Student Signature _____