



SHILOH
UNIVERSITY.

**CLASS REQUEST
CARD**

_____ Trimester _____ Year	Student ID Number (Required)	Directions: Please type in your information and select from the drop down menus. COMPLETE ALL FIELDS. Please email (preferred), mail or fax your completed form to the address listed below.		
First Name	Middle Initial	Last Name	Date	
Mailing Address (No P.O. Boxes)	City	State	Zip Code	Home Phone #
Billing Address (if different than above)	City	State	Zip Code	Cell Phone #
Email address:				
Has any of the above contact information changed? Yes No				
Program: (Check one)	Personal Enrichment	Master of Divinity	B.A. in Biblical and Pastoral Studies	
	Nondegree Graduate	Nondegree Undergraduate	M.A. in Biblical and Pastoral Studies	

*Enter Level you are taking each class at: G= Graduate; U= Undergraduate N= Nondegree Undergrad; PE = Personal Enrichment

Course Number	Level*	Units	Course Title
<i>EXAMPLE: NT504</i>	<i>G</i>	<i>3</i>	<i>The Gospels/Life of Christ</i>

Note: This form is an initial request to register for a course offered during the indicated term. Confirmation of registration will be sent shortly after the close of the published registration period.

Send or email to: **Shiloh University**
100 Shiloh Drive
Kalona, IA 52247
Fax: (319) 656-2448
admissions@shilohuniversity.edu

Payment Information: **Registration confirmation will include the amount due. Acceptable forms of payment are Check, Money Order, or Credit Card.**