



Instructions: Complete all fields then email (preferred), mail or fax your completed form to the address listed below.

Trimester: Year: Student ID Number (Required):

First Name: Middle Initial: Last Name:

Date (mm/dd/yy): Email address:

Mailing address... Street: City: State: Postal code: Country:

Billing address... (If different from above) Street: City: State: Postal code: Country:

Phone numbers... Home: Cell:

Has any of the above contact information changed since your last registration? Yes No

Program (Check one)

- Associate of Arts, B.A. in Biblical and Pastoral Studies, B.A. in Interdisciplinary Studies, Doctor of Ministry, B.A. in New Testament Studies, M.A. in Theological Studies, M.A. in Biblical and Pastoral Studies, Master of Divinity, Personal Enrichment, Nondegree/Certificate Undergrad, Nondegree/Certificate Graduate

Course(s) you are requesting:

*In column 2 below select the Level you are taking each class at: G= Graduate; U= Undergraduate; PE = Personal Enrichment

Table with 4 columns: Course Number, Level*, Units, Course Title. Includes an example row: NT504, G, 3, The Gospels/Life of Christ.

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.

Fax or email to: Shiloh University, 100 Shiloh Drive, Kalona, IA 52247, Phone: (319) 656-2447, Fax: (319) 656-2448, registrar@shilohuniversity.edu

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