

# REGISTRATION FOR PCC/PTS DISTANCE LEARNING COURSE

Date \_\_\_\_\_

Student ID \_\_\_\_\_

Mr. Mrs. Miss \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone No.

\_\_\_\_\_

Email Address

Ship To: \_\_\_\_\_

Street Address/Campus Box No./Campus Office Location

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Applying for  Credit  Personal Benefit

\_\_\_\_\_

\*Course #

\_\_\_\_\_

Course Title

\_\_\_\_\_

Credit Hours

Indicate Institution  Pensacola Christian College (PCC)  Pensacola Theological Seminary (PTS)

Degree/Program \_\_\_\_\_

\*\* Anticipated Graduation Date Dec. \_\_\_\_\_ (year) May \_\_\_\_\_ (year) Jul. \_\_\_\_\_ (year)

Payment Method  Visa  MasterCard  Discover  Cash/Check/Money Order

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

\*\*\*Tuition and Video Deposit

\_\_\_\_\_

Signature

\* Please be certain that the course listed above is a required course for your program.

\*\* Please note: If planning on graduating, completion dates may differ. Refer to the Distance Learning Registration Booklet.

\*\*\* Remit full payment (non-refundable) with this registration form. *A copy of this form will be returned to you to indicate receipt of payment and course completion date.*

## OFFICE USE ONLY:

Video Agreement Received \_\_\_\_\_

PTS Tuition Charged (083) \_\_\_\_\_

Videotape Deposit (084) \_\_\_\_\_

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

PCC Tuition Charged (177) \_\_\_\_\_

Shipping (114) \_\_\_\_\_

Amount \_\_\_\_\_

Services Fee (651) \_\_\_\_\_

Course Completion Date \_\_\_\_\_