



ITEMS NEEDED TO REGISTER

- Admissions Application (New enrollees only)
- Course Registration Form
- OFFICIAL transcripts from all colleges attended (New enrollees only)

CAROLINA UNIVERSITY OF THEOLOGY

14654 Joplin Road
Manassas, VA 20112
(703) 791-3499 / 791-8263 FAX

ACADEMIC YEAR: 20____/20____
TERM: Fall I _____ Fall II _____ Winter I _____ Winter II _____

Class Registration Form

Name:	Social Security Number:	Date:
Enrollment Status	<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior <input type="checkbox"/> Senior
Address	City	State Zip
Phone Number ()	Email	
Degree Program: (Choose 1) Bachelor Biblical Studies MA _____ <i>(please write in degree title)</i>		

I am only enrolled in one course. Enclosed is my tuition payment of \$_____.
 _____ **CC, DC, – Direct billing** (circle one: Credit Card/Debit Card) A copy of the authorization to bill must be attached.
 The student agrees to pay the authorized amount by credit card.

I am on the monthly payment plan. Enclosed is my tuition payment of \$_____.
 _____ **TAP – Tuition Agreement Plan** PLEASE COMPLETE THE SEPARATE APPLICATION. (If you have not already completed.)

Enclosed is my entire tuition payment of \$_____.
 _____ **PD – Payment in Full.** Pay in full two weeks before the term begins or you will be automatically dropped from your class.

*I understand that I will be billed for two consecutive months immediately following my down payment. **Note: Payment will be due, no later than the 15th Day of each month.***

_____ I understand and agree that I am fully and personally liable for all tuition and other fees and charges incurred by me to Carolina University of Theology. If, at any time, any amount is not paid as and when due to Carolina University of Theology, for any reason whatsoever, including without limitation, delay or error of a government entity, corporation or other third party, I agree to pay the entire amount due within ten (10) days of receipt of a request for payment. I further agree that Carolina University of Theology shall have the right to withhold transcripts or diplomas related to my enrollment, cancel my enrollment for a current term and/or refuse my enrollment for future terms. If, at any time, my account is overdue or has been overdue in the past, Carolina University of Theology reserves the right to refuse to allow me to participate in its Tuition Options Payment Plan. In the event that my account is referred to an agency or attorney for collection, I promise to pay, in addition to all amounts otherwise due to Carolina University of Theology, the costs and expenses of such collection and/or representation, including, without limitation, reasonable attorney's fees

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and expenses (whether or not litigation is commenced), to the extent permitted by applicable law. I hereby acknowledge and agree that I will be bound by any instructions or authorizations I may give over the telephone to Carolina University of Theology.

Student's Signature _____

Date: _____

PLEASE ENROLL ME IN THE FOLLOWING COURSE(S):

CRS. CODE/TITLE

<input type="checkbox"/> CP 502 INTRO. TO CHRISTIAN COUNSELING	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 503 MASTERING PASTORAL COUNSELING	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 504 TEMPERAMENT & PERSONALITY ANALYSIS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 505 INTRO. TO TESTING	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 506 THE ETHICS OF COUNSELING	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 607 THE COMPLETE PERSON	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 608 THE DYNAMICS OF FAITH	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 609 COGNITIVE TECHNIQUES OF COUNSELING	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 610 COUNSELING STRESS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 611 COUNSELING THE DEPRESSED	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 612 CRISIS COUNSELING	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 613 MARRIAGE & FAMILY COUNSELING	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 614 COUNSELING FOR VIOLENCE & ABUSE	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 615 COUNSELING FOR SUBSTANCE ABUSE	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> CP 616 DIRECTED THESIS		20,000 WORDS

FOR OFFICE USE ONLY

Payment Amt: _____ Check #: _____ Cash: _____ Date: _____

University Registrar _____ University Representative _____