



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 _____

ITEMS NEEDED TO REGISTER

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

Class Registration Form

Name: _____ Social Security Number: _____ Date: _____

Enrollment Status Freshmen Sophomore Junior Senior

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Email _____

Degree Program: **(Choose 1) Bachelor Biblical Studies MA** _____ *(please write in degree title)*

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 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: _____

Equipping Men and Women for the Call of God

PLEASE ENROLL ME IN THE FOLLOWING COURSE(S):

CRS. CODE/TITLE

<input type="checkbox"/> TH 501 SYSTEMATIC THEOLOGY	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 502 WORLD RELIGIONS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 503 CHRISTIAN DENOMINATIONS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 504 KINGDOM OF THE CULTS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 505 DISPENSATIONAL TRUTHS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 506 HERMENEUTICS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 507 APOLOGETICS	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 608 CHRISTOLOGY	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 609 ESCHATOLOGY	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 610 MISSIOLOGY	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 611 SOTERIOLOGY	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> TH 612 PNEUMATOLOGY	<input type="checkbox"/> I	<input type="checkbox"/> II
<input type="checkbox"/> MM-MMIT 102	Graduation requirement for NOVA CAMPUS	
<input type="checkbox"/> TH 613 DIRECTED THESIS	20,000 Words	

FOR OFFICE USE ONLY

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

University Registrar _____ **University Representative** _____