Directions: Please type in your information and select from the drop down menus. Print, sign and fax/mail the form to the address below.

Fall
Trimester
2010
Year

SHILOH UNIVERSITY

CLASS REQUEST CARD

Student ID Number	Last name	First Name	Middle Name	Date (mm/dd/yyyy)

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 ☐ M.A. in Biblical and Theological Studies

☐ B.A. in Biblical and Pastoral Studies ☐ 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
EXAMPLE: *NT504*	*G*	*3*	*The Gospels/Life of Christ*

The registration information listed above accurately represents my request in every detail. I understand and accept the terms of this registration.

Student Signature	Accounting Use Only: Total Due

<u>Send to</u>:

Shiloh University
100 Shiloh Drive
Kalona, IA 52247
Fax: (319) 656-2447
admissions@shilohuniversity.org

<u>Payment Information</u>:

Registration confirmation will include the amount due.
Acceptable forms of payment are Check or Money Order.