

South Florida Bible College & Theological Seminary
www.sfbc.edu

RE - ENROLLMENT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEMESTER: _____ DATE: _____

{ } Yes, please enroll me for the next semester of classes

{ } Yes, please enroll me for an external class

{ } No, I cannot attend next semester

{ } Classes I am interested in taking:

_____ credit ____ audit: ____

_____ credit: ____ audit: ____

_____ credit: ____ audit: ____

Payments must be made to the school office at least two weeks prior to class. Books will be available the week before classes begin as many classes require the first lesson to be completed for the first class.