



PERSONAL ENRICHMENT

Date: _____

Semester: _____

Name: _____ Student ID #: _____

Phone #: _____ Email: _____

Address: _____

City/State/Zip: _____

Are you taking the class for Continuing Education? yes no

Cost and Type of Personal Enrichment	Traditional	Blended
<input type="checkbox"/> Degree Seeking Student	\$50.00	\$110.00
<input type="checkbox"/> Employee and/or family member	\$50.00	\$110.00
<input type="checkbox"/> Non-Degree Seeking Student	\$150.00	\$210.00
<input type="checkbox"/> Non-Student	\$150.00	\$210.00

Course #: _____ Professor: _____

Course Name: _____

Payment:	Check	Cash	Credit Card (Required for faxed request)
Credit Card #	_____		
Exp. Date	_____	Code on Card	_____
Name & Address on Card if Different from above:	_____		

How did you hear of the opportunity to take Personal Enrichment Courses?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Calvary Website | <input type="checkbox"/> Registrar's Office | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Admissions Department | <input type="checkbox"/> Student | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faculty or Staff | <input type="checkbox"/> Pastor | |

OFFICE USE ONLY

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Professor | <input type="checkbox"/> Student Services | <input type="checkbox"/> Payment received |
|------------------------------------|---|---|