



PERSONAL ENRICHMENT

Date: _____

Semester: _____

Cycle: _____

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

<input type="checkbox"/>	Degree Seeking Student	\$50.00
<input type="checkbox"/>	Employee and/or family member	\$50.00
<input type="checkbox"/>	Non-Degree Seeking Student	\$150.00
<input type="checkbox"/>	Non-Student	\$150.00

*** Subject to Professor's approval**

Course #: _____ Professor: _____

Course Name: _____

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

- Calvary Website
- Admissions Department
- Faculty or Staff

- Registrar's Office
- Student
- Pastor

- Conference
- Other: _____

OFFICE USE ONLY

Professor Signature _____

Professor

Student Services

Payment received