



### GCD COURSE REGISTRATION

( Fee of \$25.00 will be assessed if received/postmarked after late registration date.)

ID #:	_____
REG #:	_____

Semester (i.e. Fall 08) : \_\_\_\_\_

I am registering for the following course:

STUDENTS: PLEASE CHECK BOX IF ANY INFO BELOW IS NEW.

<u>Catalog ID #</u>	<u>Course Name</u>	<u>Course #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME CHURCH \_\_\_\_\_

Mail completed registration & payment to:

Grace College of Divinity  
5117 Cliffdale Rd.  
Fayetteville, NC 28314

Total Fee: \$\_\_\_\_\_ paid by:  Cash (do not mail)  
 (Include application for admission fee and late fee if required)  Check # \_\_\_\_\_  
 Credit Card \*  
 Card Type \_\_\_\_\_

- Tuition/Fees:**
- Credit Student \$180.00 (\$60.00 per credit hr)
  - Audit \$90.00 (\$30 per credit hr)
  - Technology Fee \$10.00 (Annual)
  - Library Card Fee \$5.00

**\*\* All courses listed above equate to three credit hours each**

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

<b>DATE RECEIVED BY ADMISSIONS OFFICE:</b>
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SIGNATURE (Required for Credit Card Registration) \* \_\_\_\_\_