



A Ray of Hope Theological Seminary and Bible College & Int'l School of Divinity w/Crystal Rain Institute



www.AROHMCC.org

Student Registration Form

Date: ___ / ___ / 20___

[**Student ID Number:** _____]

Office Use Only

Home Phone: (____) _____

Work Phone: (____) _____

E-Mail Address: _____

Name: Last _____ First _____ M.I. _____ DOB: _____ Gender: M [] F []

Street Address: _____ Apt _____ City _____ State _____ Zip _____

Social Security #: _____ - _____ - _____ Citizen of: _____ Marital Status: Married [] Single []

High School Attended: _____ City: _____ State: _____ Yr. Graduated: _____

GED: Yes [] No [] Highest Previous Grade Completed: _____ Degrees Held: _____

Christian Yes [] No [] If Yes, how many years? _____ Church Affiliation: _____

Emergency Contact Person: _____ Relationship: _____ Phone: (____) _____

EDUCATIONAL OBJECTIVE: [] Degree [] Credit ←(You must select one)

If you checked DEGREE, select your program of study.

[] Associates Degree [] Bachelors Degree [] Masters Degree [] Doctorate [] Undecided



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Independent Studies Registration

FOR SELECTION OF INDEPENDENT STUDIES CLASSES

Refer to the
STUDENT HANDBOOK

Select no more than three (3) classes

Class Title: _____ Code: _____

Class Title: _____ Code: _____

Class Title: _____ Code: _____

Student Signature: _____

Study to show thyself approved.