



Student Registration Fee: \$100.00

Student Application Fees:

Bachelor: \$ 25.00

Master: \$ 35.00

Doctor: \$ 50.00

Certificate: \$ 65.00

Student Registration and Application Form

Date: <u> </u> / <u> </u> / 20 <u> </u>	[Student ID Number: _____]
Office Use Only	
Home Phone: (____) _____	Work Phone: (____) _____

Name: Last _____ First _____ M.I. _____ DOB: _____ Gender: M [<input type="checkbox"/>] F [<input type="checkbox"/>]
Street Address: _____ Apt _____ City _____ State _____ Zip _____
Social Security #: _____ - _____ - _____ Citizen of: _____ Marital Status: Married [<input type="checkbox"/>] Single [<input type="checkbox"/>]
High School Attended: _____ City: _____ State: _____ Yr. Graduated: _____
GED: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Highest Previous Grade Completed: _____ Degrees Held: _____
Christian Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If Yes, how many years? _____ Church Affiliation: _____
Emergency Contact Person: _____ Relationship: _____ Phone: (____) _____

EDUCATIONAL OBJECTIVE: [<input type="checkbox"/>] Degree [<input type="checkbox"/>] Credit ←(You must select one)
If you checked DEGREE, select your program of study.
[<input type="checkbox"/>] Certificate [<input type="checkbox"/>] Bachelors Degree [<input type="checkbox"/>] Masters Degree [<input type="checkbox"/>] Doctorate [<input type="checkbox"/>] Undecided



Crystal Rain
Institute

A PRIVATE CHRISTIAN EDUCATION INSTITUTION

DR. DANETTE M. VERCHÉR, CHANCELLOR AND FOUNDER

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FOR SELECTION OF INDEPENDENT STUDIES CLASSES

Refer to the
STUDENT CATALOG

Select no more than three (3) classes

Class Title: _____ Code: _____

Class Title: _____ Code: _____

Class Title: _____ Code: _____

Student Signature: _____

“Study to show thyself approved.”
2 Timothy 2:15 KJV