



CRYSTAL RAIN INSTITUTE:
Student Registration Fee: \$100.00

Student Application Fees:

Bachelor: \$ 35.00
Master: \$ 70.00
Doctor: \$ 150.00
Certificate: \$ 65.00

Student Registration and Application Form

Date: ___ / ___ / 20___

[**Student ID Number:** _____]

Office Use Only

Home Phone:(___) _____

Work Phone: (___) _____

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.

[] Certificate [] Bachelors Degree [] Masters Degree [] Doctorate [] Undecided



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

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