



CrossRoads Bible Institute

Registration Form

_____ Fall _____ Spring _____ Summer
_____ Year

Name: _____

Address: _____

Phone: _____

_____ City _____ State _____ Zip

E-mail: _____

*Program: _____ Diploma of Biblical Studies _____ Diploma of Biblical Studies w/Concentration

Course #	Status**	Course Title	Instructor

* See course catalogue for a description of diploma program and concentrations.

** Status C= Credit AU= Audit RTRG= Retake to raise grade

Signature of Student: _____

Date: _____