



# PERSONAL ENRICHMENT

Date: \_\_\_\_\_

Semester: \_\_\_\_\_

Cycle: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Are you taking the class for Continuing Education?                      yes                      no

### Cost and Type of Personal Enrichment

<input type="checkbox"/>	Degree Seeking Student	\$50.00
<input type="checkbox"/>	Employee and/or family member	\$50.00
<input type="checkbox"/>	Non-Degree Seeking Student	\$150.00
<input type="checkbox"/>	Non-Student	\$150.00

**\* Subject to Professor's approval**

Course #: \_\_\_\_\_ Professor: \_\_\_\_\_

Course Name: \_\_\_\_\_

How did you hear of the opportunity to take Personal Enrichment Courses?

- Calvary Website
- Admissions Department
- Faculty or Staff

- Registrar's Office
- Student
- Pastor

- Conference
- Other: \_\_\_\_\_

OFFICE USE ONLY

Professor Signature \_\_\_\_\_

Professor

Student Services

Payment received