



ENROLLMENT FORM

OFFICE USE ONLY
Date Received _____

Extension Name: _____

**World Bible Institute
400 Lake Dow Rd.
McDonough, GA 30252
770-957-8611 * Fax 770-898-5750**

(This form to be completed by each student prior to each course.)

Name: _____

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

E-Mail: _____ Cell Phone: _____

(Course #1)

Course Name: _____

Instructor: _____

Date of Course: _____

Credit: _____ Audit: _____

(Course #2)

Course Name: _____

Instructor: _____

Date of Course: _____

Credit: _____ Audit: _____

Signature: _____ Date: _____