

ENROLLMENT FORM

Registrar's Office

Complete the entire form for each separate semester/term

Semester/Term & Year: _____
(FA=fall, JAN=January, SP=spring, SU=summer)



•5001 N. Oak Trafficway • Kansas City, MO 64118
•Phone: (816) 414-3713 •Fax: (816) 414-3705 •registrar@mbts.edu •www.mbts.edu

Name: _____

Student ID Num: _____

Current Address: _____

Campus Mail Box No: _____

Phone(s): _____
Home Cell

E-mail address (required for enrollment in CCC courses): _____

€ Check if you are seeking a degree and only complete the front side of this form

Degree Program/Major: _____

Advisor: _____
(Off-campus students, list extension site)

€ Check if this is a change in your major(s)

€ Check if you are NOT seeking a degree and complete the front and back sides of this form

NOTICE: "A student working in excess of 20 hours per week in secular and/or religious employment is advised to enroll for a reduced academic load. The faculty advisor will work with the student in assessing the student's workload. A student working in excess of 35 hours per week in secular and/or religious employment shall not enroll in more than 14 academic hours per semester unless given permission by the Academic Dean" (2002-2004 MBTS Catalog, page 23).

- 1. Course Type:** OC = On Campus; EXT = Extension Campus; CCC = Computer/Campus/Computer; OL = Online, Internet; MAC = MACCEL
- 2. Course Credit:** CR= Credit; AU = Audit/Continuing Education (enrollment may be restricted to credit students when class sizes are limited)

Course					2. Course Credit	Day(s) & Time	Location/ Extension Site
Dept./ Number	Section	1. Type	Title	Hours			
Total hours for Credit: _____					Total hours for Audit: _____		

€ Check if these courses will complete your remaining graduation requirements (or qualify you to graduate lacking hours)

The student, under the guidance of an advisor, is responsible to see that all courses are taken according to the program requirements listed in the catalog for the degree program/major selected by the student and that all requirements for the degree are met.

I am an active member/attender of a local church (list name, city, and state): _____

This church is a (select one): SBC Church; Non-SBC Baptist Church; Non-Baptist Church

I qualify to receive the (select one): SBC Church; Non-SBC Baptist Church; Non-Baptist Church

Student's Signature

Date Signed

Required Advisor's Signature

Date Signed

Registrar's Office: Time and Date Rec'd: _____ Rec'd by: _____

NON-DEGREE SEEKING STUDENT INFORMATION

Instructions:

1. Permission to enroll for classes as a non-degree seeking student does not mean or guarantee that the student will be accepted or permitted to enroll at a later time as a degree-seeking student.
2. Complete a separate form each semester or term you enroll. Complete all items the first time you enroll. Thereafter, each time you enroll, complete sections where information has changed since you last enrolled.
3. If you have not already done so, please have an official transcript sent directly to Midwestern's Registrar's Office from the school where you earned your highest accredited degree or diploma. A bachelor's degree is required to enroll in master's courses or a high school diploma to enroll in undergraduate courses.
4. The first time you enroll, return this completed form **with the one-time, first time, non-refundable \$25 Application Fee** to the Admissions Office at the above address. Thereafter, the Application Fee is not required and this Enrollment Form should be submitted to the Registrar's Office. Registration, tuition, and course fees, if any, are to be paid on or before the first day of classes.

First Name	Middle Name	Last Name	ID (SS#)Num
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A. Demographic Information

Birth date	Home State/Residence	Country of Citizenship:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Information (for reporting use only) <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Foreign (Non-US citizens); indicate: Visa Type: _____ and Admission Number: _____
Spouse's Full Name, if applicable:		

B. Emergency Contacts

Primary Contact (may be spouse, if applicable)	Relationship	Phone(s) (indicate if home, cell, work)
Second Contact (optional)	Relationship	Phone(s) (indicate if home, cell, work)

C. Education (Please list all diplomas and degrees earned from lowest to highest and **have an official transcript of the highest degree earned sent directly to the Registrar's Office**)

High School Attended	City, State	Year of Graduation	
Colleges and/or Seminaries Attended	City, State	Graduation Date or Year(s) of Attendance	Degree Earned or Hours Completed

D. Christian Experience

Briefly describe when you became a Christian and the basis of your salvation:

*** Complete All Information on the Front Side of this form ***