

# Southern Evangelical Bible College

**FALL 2009 Tentative March 12, 2009**

PRE-REGISTRATION DUE BY April 30, 2009

## UNDERGRADUATE CLASSES

Class meets Mon. Oct 13, - Fri. 17, 2009 6:00 pm - 10:30 pm; Sat. Oct. 18, 8:00am - 4:30 pm, 2009 (Term Ends Jan. 23, 2010)

Oct 12-17	NT403	Book Study: Gospel of John	Hendricks
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Classes Begin **August 19, 2009** Classes End **December 11, 2009.**

Monday	Tuesday	Wednesday	Thursday	Friday	Times
<b>AFTERNOON</b>					
AP302 World Religions and New Religious Movements Beaumont					1:00 pm – 4:00 pm
<b>EVENING</b>					
OT301 Old Testament Survey Wright	AP401 Introduction to Apologetics Potter	PH302 Introduction to Philosophy TBA	ST303 Bible Study Methods Beaumont	ST302 Survey of Bible Doctrine Hendricks	6:30 pm – 9:30 pm
BL401 Biblical Languages Hendricks					

Other Courses	Professor	Day	Time
SM401 Writing and Research Skills	Woodside	Sat.	9:00 am – 12:45 pm
Field Experience — FE401, FE402			

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## Course Registration Form

### Registration Procedures

1. You have to have been admitted as an SES student, at the appropriate course level, before you can take any classes.
2. Use the catalog of course offerings for the current term to select your classes.
3. Fill in the section of the registration form below.
4. Complete your choice of courses for the indicated term.
5. Detach bottom form and remit to: Registrar's Office, SES, 3000 Tilley Morris Road, Matthews NC 28105.
6. **NOTE: A \$10 non-refundable registration fee per course (if submitted by April 30, 2009) must accompany this form. A \$25.00 non-refundable late registration fee per course (if submitted after April 30, 2009) must accompany this form. Late registration fee does not apply to new students.**
7. **Last day to register for classes is Aug. 26, 2009 last day to drop/add a class Sept. 2, 2009.**
8. **NOTE: Tuition payment and textbook purchases are due on or before orientation day, Aug. 15, 2009.**

### SOUTHERN EVANGELICAL BIBLE COLLEGE Class Registration Form

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

Name: \_\_\_\_\_ I.D.# \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Program:  Audit  Non-degree Credit  Degree \_\_\_\_\_  Visiting Student \_\_\_\_\_

COURSE	COURSE NAME	PROFESSOR	CREDIT	AUDIT	Hrs	Reg. Fee	Tuition
1.			<input type="checkbox"/>	<input type="checkbox"/>			
2.			<input type="checkbox"/>	<input type="checkbox"/>			
3.			<input type="checkbox"/>	<input type="checkbox"/>			
4.			<input type="checkbox"/>	<input type="checkbox"/>			
5.			<input type="checkbox"/>	<input type="checkbox"/>			
6.			<input type="checkbox"/>	<input type="checkbox"/>			
<b>TOTAL:</b>							

Student's Signature (Required): \_\_\_\_\_

<input type="checkbox"/> Check or Money Order enclosed		
<input type="checkbox"/> Pay Pal / <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa or <input type="checkbox"/> Master Card		
Card Number:		
Name on Card (Print):	Exp. Date:	Amount:
Signature:		

**Office Use Only**

<b>Registrar:</b>	Date rec'd: _____	<input type="checkbox"/> recorded	<b>Business Office:</b>	Date rec'd _____	Rec't # _____	<input type="checkbox"/> recorded
Reg. fee: N <input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Cash	Cash Amount \$ _____	<input type="checkbox"/> Check # _____	Check Amount \$ _____		