

**South Florida Bible College & Theological Seminary**  
[www.sfbc.edu](http://www.sfbc.edu)

**RE - ENROLLMENT FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEMESTER: \_\_\_\_\_ DATE: \_\_\_\_\_

{ } Yes, please enroll me for the next semester of classes

{ } Yes, please enroll me for an external class

{ } No, I cannot attend next semester

{ } Classes I am interested in taking:

\_\_\_\_\_ credit \_\_\_\_ audit: \_\_\_\_

\_\_\_\_\_ credit: \_\_\_\_ audit: \_\_\_\_

\_\_\_\_\_ credit: \_\_\_\_ audit: \_\_\_\_

*Payments must be made to the school office at least two weeks prior to class. Books will be available the week before classes begin as many classes require the first lesson to be completed for the first class.*