



COURSE REGISTRATION FORM

Administrative Office

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Dr. Ronald E. Drawdy
President

Dr. Steven M. Drawdy
Vice-President

Rev. Jarrod Adkins
Distant Learning Director/ Registrar

Name of Applicant: (Dr., Pastor, Rev., Mr., Mrs., Ms.) _____
(First) (MI) (Last)

Date of Birth: _____ Male: _____ Female: _____
(Maiden Name)

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Application: _____ Last 4 digits of Social Security Number: XXX-XX- _____

Home Phone Number: () _____ Work Phone Number: () _____

Cell Phone Number: _____ E-mail: _____

Title of Course: _____

Professor: _____ Start Date: _____

Degrees Held: (ex.: *SBIS MA Th. In 2009*) _____

Degree Sought: _____

***PLEASE FILL OUT EVERY LINE IF POSSIBLE.**

Then mail to:
P.O. BOX 906
Augusta, Ga 30903

Or E-mail to:
southernbibleseminary@yahoo.com

FOR OFFICE USE ONLY:

COURSE FEES..... _____

PAID (DATE)..... _____

EXAM..... _____

*REPORT..... _____

(only if working towards a Bachelor or higher)

FINAL GRADE..... _____

“Perfecting the saints for the work of the ministry in the 21st century...”