



# COURSE REGISTRATION FORM

Administrative Office

Main Campus: P.O. Box 906 / 802 Greene Street / Augusta, GA 30903

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*Dr. Ronald E. Drawdy*  
President

*Dr. Steven M. Drawdy*  
Vice-President

*Rev. Jarrod Adkins*  
Student 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 Registration: \_\_\_\_\_ 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](mailto:southernbibleseminary@yahoo.com)**

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## 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 21<sup>st</sup> century...”*