GENERAL INFORMATION APPLICATION
FOR AUDIT STUDENTS

CALVARY CHAPEL BIBLE COLLEGE, DISTANCE LEARNING

☐ **Student from the Murrieta Main Campus. I last attended CCBC in** _____.
Semester/Year

☐ **Student from the Affiliate Campus in** _____. **I last attended CCBC in** _____.
City/State or Country Semester/Year

☐ **School of Correspondence Student. I last completed**_____. **Module date**_____.
Course #

☐ **CCBC Online School Student. I last completed**_____ **date**_____.
Course #

☐ **Never Attended CCBC**

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Married ☐ Single

Legal Name Last First Middle Maiden

Shipping Address

City State Zip Code

Billing Address (If different from Shipping Address)

City State Zip Code

E-mail Address

Day Phone Evening Phone Fax

_____ - _____ - _____ _____/_____/_____ _____
Social Security Number Date of Birth Place of Birth

Check the box that best applies to you:

☐ **I would like to <u>audit</u> courses through**_____(check below)_____.

☐ CCBC Online School

☐ School of Correspondence Education (SCE)

By checking this box I am declaring my enrollment as an Audit Student of the Online Program/Correspondence Program. I understand that, as an audit student, the courses that I will be taking are for the sole purpose of personal enrichment and growth in the Lord. I also understand that no audit class will be accepted for credit to a degree or certificate.

Please read carefully and sign the following:

By signing below I am acknowledging, understanding and am in agreement with all policies, procedures, and academic requirements held by CCBC Online School, which are stated on the CCBC Online School website.

_____ _____
Print Name Sign Name Date

Please return this form to the following address:

Calvary Chapel Bible College**, Distance Learning,** 39407 Murrieta Hot Springs Road, Murrieta, CA 92563
Or: Fax: (951) 696-5634 **Email:** distancelearning@calvarychapel.com

A MINISTRY OF CALVARY CHAPEL OF COSTA MESA,
CHUCK SMITH, PASTOR