



Exploring Differences, Deepening Faith

**BLACK MINISTRIES PROGRAM
PROGRAMME DE MINISTERIOS HISPANOS:
REGISTRATION FORM**

This biographical information is new or has changed.

Name: _____

Address: _____

Telephone: (_____) _____ (_____) _____ Email: _____
Home Work

Date of Birth: _____ Social Security Number: _____

Example:

Course Number: *BMP-260/PMH-285*

Course Name: *Survey of New Test.*

Professor: *Dr. Shanell T. Smith*

Course Number:	Course Name:	Professor:

***Please use ONE registration form per course.**

If you have already completed the Black Ministries Program and Programme de Ministerios Hispanos, and are taking this course as an alumni/ae auditor, please check here:

Remember to include your payment of \$150. If your account is on HOLD you will not show up on the professor's roster until your balance is clear.

You must notify the Certificate Program Office of withdrawals and/or any other course changes. No refunds will be given after the second class. Your signature indicates your formal enrollment in the course, and your acknowledgement of policies outlined above:

Student Signature: _____

Date: _____

Office use only:

Date entered: _____

Entered by: _____