



C. H. Mason Jurisdictional Institute

Student Registration Form

Semester

Year

1. Personal Information			
Full Name		Last	First Middle
Mr. ___ Mrs. ___ Miss ___			
Social Security Number:		Mailing Address (Street):	
Date of Birth:		City, State, Zip Country:	
Home Phone: ()	Work Phone: ()	Fax: ()	
Employment:		E-Mail:	

2. Site Information		
Site ID:		Site Name:
Mailing Address (Street):	City, State, Zip, Country:	E-mail:
Campus Phone Number: ()	Bishop's Name	Dean's Name (If Applicable)

3. Educational Information		
Name of High School from which you Graduated	Month/Year of Graduation	Diploma Yes ___ No ___
Names of all colleges or Other Educational Institutions	Dates of Attendance	Degree/Diploma Earned
1.	From	to
2.	From	to
3.	From	to
4.	From	to

4. For Office Use Only	
Campus	Amount Paid:
Date:	Check: