



REGISTRATION & INTEREST FORM

Student Information *(PRINT AND BRING TO WELCOME CENTER OR EMAIL TO SHERRI@LIFECHURCHGB.COM.)*

Full Legal Name*

Date of Birth* (Month/Day/Year) - -

Email*

Primary Phone Number* (cell or home) - -

Address*

Address Line 1*

City/State/ZIP Code

Place of employment:

Emergency contact/number:

Background:

Highest Degree earned and concentration. Other special training.

I am planning to take courses for (check one):* Credit (certificate/credential) Audit (academic only)

Do you have a plan for method of payment? Pre-pay for each class Work/Study App

Briefly describe your reason(s) for pursuing Leadership U, your long term goal(s).

Briefly describe your ministry/church involvement background.

I affirm that I have reviewed the appropriate institutional documents and consent to being registered as indicated on this form.

Signature*

Date