



Campbell
Institute for
Theological
Education



CITE Course Enrollment Form

Date _____ Term: Fall _____ Winter _____ Spring _____ S.S. # _____

Name: Mr.

Mrs. _____ classification FR__ SO__ JR__ SR__
Miss. Last First Middle (maiden)

Address: _____

City _____ ST _____ Zip _____
Marital status _____ Gender _____ Ethnicity: 1__ Black 2__ American Indian 3__ White
4__ Asian Pacific Islander 5__ Hispanic 6__ Other

Country of Birth _____ Country of Citizenship _____

Is this your first OC* enrollment _____ If no, When was your last enrollment at OC*? _____

Date of Birth _____ Church Preference _____ Member _____

Type of enrollment: ___ Credit ___ Audit-record (audit= listen to lectures without test)

Phone _____

E-mail address: _____

ENROLLEMENT

Course Number & Title: _____

Course Number & Title: _____

CITE APPROVAL

DATE RECEIVED

TOTAL HRS

*OC: CITE courses are accredited through Oklahoma Christian University.