Academic Division
Gospel Music Workshop of America, Inc.

CLASS REGISTRATION FORM

Name: _____ SSN: [____] [____] [____] Chapter: _____

Address: _____ City: _____ ST _____ ZIP _____

If you are enrolling for university transfer credit, you must also register with <u>University</u> <u>Registration</u> on the first day of classes at the July convention session.

CLASS SELECTIONS *(You can only select one class per class session.)*

1st Class: 7:30 - 8:45 a.m.   Dept. Course Code _____   Class Name _____

2nd Class: 9:00 – 10:15 a.m.   Dept. Course Code _____   Class Name _____

3rd Class: 10:30 – 11:45 a.m.   Dept. Course Code _____   Class Name _____

4th Class: Class Time _____   Dept. Course Code_____   Class Name _____

5th Class: Class Time _____   Dept. Course Code _____   Class Name _____

ALTERNATE CLASS SELECTIONS (If a class is filled to capacity, you will be placed in one of the following classes according to the way you list them.) USE DEPARTMENT COURSE CODE NUMBERS ONLY.

1st Class Session   2nd Class Session: 3rd Class Session: Other:

_____   _____   _____   _____

_____CUT ALONG THIS LINE_____

CLASS ADMIT SLIP	CLASS ADMIT SLIP	CLASS ADMIT SLIP
Name of Student: _____	**Name of Student:** _____	**Name of Student:** _____
Department Course Code: _____	**Department Course Code:** _____	**Department Course Code:** _____
Course Name: _____ _____	**Course Name:** _____ _____	**Course Name:** _____ _____
Room No./Name _____	**Room No./Name** _____	**Room No./Name** _____
Location: _____	**Location:** _____	**Location:** _____
Are you enrolling for university credit? ☐*Yes* ☐*No*	*Are you enrolling for university credit?* ☐*Yes* ☐*No*	*Are you enrolling for university credit?* ☐*Yes* ☐*No*
Name of University: _____	**Name of University:** _____	**Name of University:** _____
CLASS ADMIT SLIP	CLASS ADMIT SLIP	CLASS ADMIT SLIP
Name of Student: _____	**Name of Student:** _____	**Name of Student:** _____
Department Course Code: _____	**Department Course Code:** _____	**Department Course Code:** _____
Course Name: _____ _____	**Course Name:** _____ _____	**Course Name:** _____ _____
Room No./Name _____	**Room No./Name** _____	**Room No./Name** _____
Location: _____	**Location:** _____	**Location:** _____
Are you enrolling for university credit? ☐*Yes* ☐*No*	*Are you enrolling for university credit?* ☐*Yes* ☐*No*	*Are you enrolling for university credit?* ☐*Yes* ☐*No*
Name of University: _____	**Name of University:** _____	**Name of University:** _____