



RETURNING STUDENT ENROLLMENT FORM

If you are a returning Christian Life College-Madison student, please complete and sign this form. Then either email or mail it to us using the directions at the end of this form. Emailed forms will be processed when application fees are received.

Indicate student type:

- ☐ Credit Student (Tuition fee only) – Complete entire form. Sign and date the form
- ☐ Audit Student (Tuition fee only) – Complete entire form. Sign and date the form.

PERSONAL/FAMILY INFORMATION

Name ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____ Email _____

I affirm by my signature that I will respect the Statement of Faith of Christian Life College and will conduct myself in a manner that will honor Christ while enrolled at this school.

Student's Signature Date

Digital signatures are acceptable. Save your completed form. Use the buttons below to either email or print/mail your application. Emailed forms will be processed when application fees are received. Send forms and/or fees to: Christian Life College-Madison, c/o Lead Instructor (Lisa Quintana), 4909 East Buckeye Road, Madison, WI 53716.

Email

Print

Payment