



Knapp Seymour University

2426 W. 8th St. #213, Los Angeles, CA 90057

(323) 228-4282, (213) 905-8258

hongpyp@gmail.com

STUDENT INFORMATION RECORD

Student Name:

_____ **Last** **First** **Middle** **Sex: M / F**

Address:

Date of Birth: SS or ID No: Phone: Email:

Schooling: High/Bible High School/GED, Bachelor, Grad. School ()

Program/Major: Th.B CCHB CLAB BCHM Th.M M.Div ThD
Certificate MCCH DCCH MCMP DCMP MCLA DCLA
Others:

School Start Date:

School End Date:

Reason: New Register, Transfer, Graduate, Audit, Drop:

(In Detail Description)

Account Matters:

Application Fee:

Scholarship (%) Church or other Donation or Grant (\$) Work (\$))

Tuition: Amount: Refund (Yes/No)-(\$) Donation to WWGT(Yes \$:)

Director/Registrar Office

Student