Zion Christian College & Seminary
6501 Arlington Expy Ste B105 PMB 2349 - Jacksonville, FL 32211
Email: info@zionccs.org

Correspondence Course Study

Name: _____

Address:_____City: _____

Email: _____

State:_____Zip:_____Home Phone:_____Work Phone: _____ FAX: _____

Course Title and Number Reason for externally directed course:

_____

Certificate/Diploma_____ Undergraduate_____Graduate_____other _____

Date course is to be started_____Date course work to be completed: _____

Amount attached to cover tuition: $_____Amount paid by check_____Check # _____
or cash $_____

Additional student comments:

_____

_____

INFORMATION BELOW THIS LINE FOR OFFICE USE ONLY

Request received by: _____

Request approved by: _____

Payment amount: $_____ Received by: _____

Date materials were sent to or picked up by student: _____

Date course requirements were met:_____ Final course grade: _____

Final course grade issued by:_____ Date Home Office notified: _____

Additional advisor comments: _____

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