

PROMISE CHRISTIAN UNIVERSITY

Pasadena-San Dimas-Apple Valley-Lancaster-Chatsworth Study Centers
Year Round Open Enrollment

REGISTRATION - Classes begin March 7th through April 25th, 2006

- 1) Register for classes by faxing this completed form to PCU (626) 296-7582. Classes with less than 6 students may be cancelled or reschedule. So please confirm your enrollment.
- 2) Classes are \$150—\$300 Students on the monthly tuition plan may enroll in 2 classes per month. Unlimited External Study Classes. This fee will be deducted from your tuition due.
- 3) Auditing students—must register. Registration is good for 2 years. Classroom fee is \$25 per session.
- 4) Returning graduates (non-credit students)—must register as an auditing student and pay the classroom fee of \$20 per session.

CREDITS

Promise Christian University currently maintains the standard of 15 hours of study per credit. Students wishing to attend Monday night classes in Pasadena, call Dr. Lynn Anderson for Schedule. **QUESTIONS?** Call Dr. Adelle McKinney at (626) 827-6405 . Please register so that we can confirm classes with professors.

Winter and Spring



Pasadena—6 weeks
Call for Spring
Schedule

Lancaster—10 weeks

Call: (661) 946-6055 X207. Book of Hebrews with Dr. Jerry Howell. Call for time and location. Classes begin Jan. 9th

San Dimas—8 weeks

Organizational Development—with Dr. Joyce Yun, PH.D. 10:00 a.m. Leadership and Organizational Development

San Dimas—8 weeks

Origin of Humanity—Dr. Nicholas Benson 7:15 p.m. A study in Biblical Anthropology

San Dimas—6 weeks—Saturday

Study in Hebrews—Begins in April. Dr. Sylvester Blue will present his popular study of the Hebrew Language.

Pasadena—2 days—Emerging Church Seminar—May 16, 17

Apple Valley—Call Dr. Heather Blue for schedule of classes at (760) 486-8302

Chatsworth—Persian Study Center call Dr. Ramin Changizi for schedule of classes at (818) 832-0943

REGISTRATION AND BOOK ORDER FORM

Item #	Description	Qty.	Price	Subtotal

Order total: _____

Tax: _____

Shipping: _____

Total: _____

Method of Payment

- Check
- Bill Me
- Visa
- MasterCard
- Tuition Payment Plan

Name _____

Address _____

Phone _____

Credit Card # _____ Exp. date _____

Signature _____

Don't forget—Please register by calling Dr. Adelle and leaving a message at 626 827-6405; Dr. Lynn Anderson (626) 296-7502 or by Faxing this form to (626) 296-7582