



International Academic Research Institute

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REGISTRATION FORM

Last Name, First Middle

Student I.D. Number

Street Address

City, State, Zip code

Telephone Number

Degree Program: B.Th. _____ B.B.A. _____ B.S.W. _____ B.Eng. _____ M.Div. _____

Th.M. _____ M.S.W. _____ D.Min. Th.D. _____ D.S.W. _____

Semester: Fall _____ Spring _____ Summer _____ Year 20

COURSE SELECTION

Course No.	Course Name	Credit Hours

Student's Signature

Date