הוראה חרדית תורנית ברשת

Bais Chana
MJI Online Registration Form

Please complete this form to participate in Winter 2010 Classes

*Items marked with an asterisk must be completed.

I. Personal Information

Gender*	
Last Name*	
First Name*	
Middle Initial	
Social Security Number*	
Address*	
Address Two	
City*	
State*	
Postal Code*	
Home Phone*	
Cell Phone	
Student Email Address*	
Host School	Bais Chana

II. Class Selection

Please confirm your class: ☐ **EPH 421**

III. Educational Plans

☐* I understand this class will be included in my Program Plan. Any changes to the Program Plan are subject to review and approval by HCTB. (You must check the box to register.)

IV. Signature

REQUIRED SIGNATURE: Please sign below to complete your registration.

I recognize that this form allows me to participate in the HCTB Winter 2010 online class at no personal cost or obligation. *Textbooks are not included and are the responsibility of the student.* Upon successful completion of the class, I will have earned credits applicable to HCTB or transferable by transcript to another institution (to be evaluated at their discretion).

I certify that all information on this application is complete and accurate to the best of my knowledge.

Please sign and date below:

_____ _____

Signature Date