

Institute for Creation Research

Henry M. Morris Center for Christian Leadership

Creationist Worldview Program Enrollment Form (Page 1 of 2)

PLEASE WRITE CLEARLY

Date _____ When would you like to begin classes? _____

Name _____

Address _____

City _____ State _____ Postal Code _____

Country: USA Other _____

Phone: _____

E-Mail: (please write clearly) _____

Occupation _____

(Optional) Your age _____ Male Female

I have read and I meet each of the following requirements for admission to the certificate program:

- Biblical requirements, located at <http://icr.org/cw/requirements>
- Educational requirements, located at <http://icr.org/cw/requirements>
- Technical requirements, located at <http://icr.org/cw/requirements>
- I have read and agree to the Student Agreement located at <http://icr.org/cw/agreement>

How did you hear of the Creationist Worldview program?

FOR ICR USE rev 1.4	<input type="checkbox"/> V	<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> E	<input type="checkbox"/> U
Received _____	<input type="checkbox"/> M1					
Log ID _____	<input type="checkbox"/> M5	T # _____				<input type="checkbox"/> W

Creationist Worldview Program Enrollment Form (Page 2 of 2)

ENROLLMENT FEES

Please select:

- One module of courses at \$179.00.
- All five modules at \$695.00 (a total savings of \$200.00).

PAYMENT INFORMATION

You may pay by:

- Credit card and Phone. Call us at (phone) 800-337-0375.
- Credit card and Fax. Fax this form to (fax) 214-615-8299.
- Check and Mail. Send this form and your check to Henry M. Morris Center for Christian Leadership, 1806 Royal Lane, Dallas, TX 75229.

CREDIT CARD INFORMATION

If paying by credit card and fax please complete the following. *Do not send credit card information by postal mail or email.*

Master Card Visa Discover

Acct # _____

3-digit Security Code _____ Expiration Date _____

Check here if the name and billing address on your credit card is the same as you entered on page 1. Otherwise, please complete the information below.

Cardholder Name _____

Billing Address _____

City _____ State _____ Postal Code _____

Country: USA Other _____

THE NEXT STEP

After your enrollment payment has been processed, a confirmation email will be sent to you and your textbooks will be shipped. Within two weeks, you will receive your username and password to access the program online. If you have any questions, please email cw-admin@icr.edu.

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