



VIRGINIA CHRISTIAN UNIVERSITY

14012 –F Sullyfield Circle, Chantilly, VA 20151

Tel. 703-629-1281, 703-378-7497 / Email: office@vacu.edu

Fall Semester 2026 Course Registration Form (BBS)

The Fall Semester of 2026 begins on August 10th (Monday) and runs through November 28th (Saturday). Please complete the below and submit it to the registration office.

Name of Student: _____ Degree Program: _____
Last Name First Name

Check	No	CODE NO	CREDIT	COURSE	DAY	TIME	CLASS ROOM	PROFESSOR
Fall Semester Lecture: From August 10 th , 2026 to November 28 th , 2026								
	1	PA 407	3	Worship and Spirituality	Mon	9:30am-12:20pm	103	Prof. Ki Ho Cho
	2	BC 423	3	Biblical Foundation of Trauma&Healing	Mon	12:30pm-3:20pm	103	Prof. Jiseong Son
	3	NT 313	3	Johannine Abiding	Mon	3:30pm-6:20pm	103	Dr. Andy Hwang
				Chapel	Mon	6:30pm-7:00pm	103	
	4	NS 105	3	Science and Religion	Mon	8:20pm-11:00pm	103	Dr. Jun-Sub Im
	5	PA 412	3	How to Preach the General Epistles	Tue	2:30pm-5:20pm	A 101	Prof. Henry Jung
U	6	BC 423	3	Biblical Foundation of Trauma&Healing	Tue	5:30pm-8:10pm	A 101	Prof. Jiseong Son
	7	OT 316	3	Exegesis of Proverbs	Tue	8:20pm-11:00pm	A 101	Prof. Won Hee Lee
	8	OT 309	3	Old Testament History I	Wed	9:30am-12:20pm	103	Prof. Mark Lee
	9	OT 316	3	Exegesis of Proverbs	Wed	12:30pm-3:20pm	103	Prof. Won Hee Lee
	10	TH 312	3	Doctrine of Church	Wed	3:30pm-6:20pm	103	Dr. Thomas Rhee Prof. Won Hee Lee
	11	BA 291	3	Human Resource Management	Wed	6:30pm-9:20pm	103	Dr. Charlie Chi
	12	PA 412	3	How to Preach the General Epistles	Sat	9:30am-12:20pm	103	Dr. See Eun Sul
	13	OT 423	3	How to read OT	Sat	12:30pm-3:20pm	103	Dr. Peter Yang
	14	TH 312	3	Doctrine of Church	Sat	3:30pm-6:20pm	103	Dr. Thomas Rhee
	15	BC 423	3	Biblical Foundation of Trauma&Healing	Sat	6:30pm-9:20pm	103	Dr. Joshua Park
	16	FM 101	3	Christian Service				Prof. Won Hee Lee
Total Credits								

*U: The class is provided for underprepared students only. Restriction may apply.

*A 101: Annandale Campus

Student Signature: _____

Date: _____

Registrar: _____

Date: _____

Financial Department: _____

Date: _____