



Seminary Course Registration

Name of Student: _____

Course Name: _____

Course #: _____ # Cr Hrs: _____ Faculty: _____

Course Delivery Method: ☐ Module ☐ Online ☐ Directed Study ☐ Classroom

Course Start Date: _____ End Date: _____

I understand that a Directed Study course is to be completed by the stated End Date. If I need an extension, I will apply for one-month extensions at \$100/month, to a maximum of two months. For an extension to the given End Date of a module or online course, I will apply to the Seminary Dean with reasons for the request.

Address: _____

Ph. #: _____ (Hm.) _____ (Cell) _____ (Wk.)

Email Address: _____

Student Signature: _____ Date: _____

Dean of Seminary Signature: _____ Date: _____

For Office Use Only	
Invoice: <input type="checkbox"/> Student <input type="checkbox"/> Other:	Invoice #
Date Payment received:	Supervisor paid (initial):
Date marks recorded:	Signature of Dean of Seminary:
Faculty paid (final):	Signature of Business Admin: