

**LUTHERAN THEOLOGICAL SEMINARY
COURSE REGISTRATION**

NAME _____

Student Number _____

Current

Permanent

ADDRESS _____

PHONE _____

Fall ___ Winter ___ Spring ___ Summer ___

BTh ___ MDiv ___ MTS ___ STM ___ Occ ___

Junior ___ Middler ___ Senior ___

College _____

Course Number	Course Name	Credit	Audit

NB READING COURSES MUST BE INCLUDED ON THIS REGISTRATION FORM

REGISTRAR _____ ADVISOR _____

STUDENT _____ DATE _____

(Student signature indicates acceptance of registration and fees)

Item Description	# Courses	Cost per course	\$
		Other	
		Student Fees*	
		Fines/Penalties	
		Student Card	
		Total Owing	
Charge _____ Cash _____ Cheque # _____			
Finance Administrator			

* These fees are collected as a service to the Student Union and LTS has no control or responsibility for the administration of the funds

PLEASE PAY BY INVOICE, NO STATEMENT WILL BE ISSUED