LUTHERAN THEOLOGICAL SEMINARY
COURSE WITHDRAWAL

NAME_____ **STUDENT NUMBER**_____

ADDRESS_____

_____

_____

PHONE_____

TERM _____

Course Number	Course Name	Credit	Audit

REGISTRAR _____ **ADVISOR** _____

STUDENT _____ **DATE**_____

(Student signature indicates acceptance of registration and fees)

Program	Credit/Audit	%Refund	Original cost/course	$
			Fines/Penalties	
			Total Refund	
Charge_____		Cheque_____		
		(3 weeks to process, mailed to above address)		
Finance Administrator				