

**BIBLICAL THEOLOGICAL SEMINARY
SUMMER TERM 2017 REGISTRATION**

Name _____ ID# _____ Telephone - Home (____) _____
Last First MI

Address _____ Telephone - Work (____) _____
Street

_____ E-mail address _____
City State Zip

This is a change of (circle all that apply): Address Telephone E-mail

Program: MDiv LEAD MA OT MA NT MAMT MA Min MA Min/Coun
 MA Couns Cert-Bible Cert-Couns Non-degree Auditor DMin CE
Note: Please do not change your program on this form.

Anticipated date of graduation: Jan./June (circle one), 20_____

Credit	Audit	CE (Check both columns if you want CEs along w/ Graduate credit)	Credits	Instructor	Prerequisite
___	___	___	1	Hansford	none
___	___	___	1	Drew	none
___	___	___	3	Prugh	none

Independent Study Courses

___	NT 701I	Supplementary Greek (indicate number of credits)	1,2,3	Staff	NT 511 Biblical Greek 2
___	OT 701I	Supplementary Hebrew (indicate number of credits)	1,2,3	Houseknecht	OT 511 Biblical Hebrew 2

Course(s) not listed on this sheet (must be approved beforehand by the academic office)

 _____ (academic office signature)
 _____ (academic office signature)

SUMMARY (Please complete this section)

Hours

- ___ Credit hours –(current for-credit rate)
- ___ Credit hours with CEs-(same price as for credit rate)
- ___ Audit hours-(current audit rate)
- ___ Audit hours – (no charge)
- Student has previously passed course for credit. Please put “NC” by the relevant courses above.
- ___ CE hours only- (current CE rate)

Payment Plan (Please complete this section)

- ___ Full payment (Cash/check/credit card)
- ___ Nelnet Business Solutions
- ___ Student loan

___ **NF** **For Office Use Only**

STUDENT: Retain pink copy for your records

NOTE: Biblical Seminary reserves the right to cancel any course with insufficient enrollment.

* BTS welcomes online students from outside of Pennsylvania. Different states have various authorization requirements for institutions offering distance education to their residents. BTS cannot register students in online courses who live in certain states. Please email academic@biblical.edu for information about your state of residency.

 Student Signature Date

 Academic Office Signature Date

 Business Office Signature Date