

**BIBLICAL THEOLOGICAL SEMINARY
WINTERIM 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 MA OT MA NT MAMT MA Min MA Min/Coun
 Cert-Bible Cert-Couns Non-degree Auditor DMin ThM

Note: Please do not change your program on this form.

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

Credit Audit

____ LEAD522U Reading the OT Missionally (Philadelphia)
 ____ LEAD615U Homiletics (Philadelphia)
 ____ LEAD711U Theology 2 (Philadelphia)
 ____ TH 606 Christianity & World Religions (Hatfield)

Credits Instructor

3 Parker
 3 Williams
 3 Mangum
 3 Cooper

Prerequisite

Permission of Academic Office for non-cohort students
 Permission of Academic Office for non-cohort students
 Permission of Academic Office for non-cohort students
 none

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

____ (academic office signature)
 ____ (academic office signature)

<p>SUMMARY (Please complete this section)</p> <p>Hours</p> <p>____ Credit hours –(current for-credit rate)</p> <p>____ Audit hours-(current audit rate)</p> <p>____ Audit hours – (no charge)</p> <p>Student has previously passed course for credit. Please put “NC” by the relevant courses above.</p>
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<p>Payment Plan (Please complete this section)</p> <p>____ Full payment (Cash/check/credit card)</p> <p>____ Nelnet Business Solutions</p> <p>____ Student loan</p> <hr/> <p>____ NF For Office Use Only</p>

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