



Office of the Registrar

1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502 • Fax (909)447-6241 • cstregistrar@cst.edu

Name: _____
Last First M.I.

Semester: _____ Year: _____ Student ID Number: _____

Address: _____ Check if different from last registration.

Daytime Phone Number: (_____) _____

Program: (Please Check One)

- Master of Divinity Master of Arts Doctor of Ministry Non-Degree
 Joint MDiv/MA Episcopal Master of Divinity Doctor of Philosophy Visiting Student

Audit _____ Date of Birth: _____ E-Mail: _____
(Senior, Staff, Alumni, Spouse) mm/dd/yy

Other _____ Date of Birth: _____ E-Mail: _____
(F.E. Supervising Mentor, Visiting Scholar, Adv. Course of Study) mm/dd/yy

| Dept | Course # | Sec | Course Title | Grade Option | Instructor | Instructor Approval | Units | |
|--|----------|-----|--------------|--------------|------------|---------------------|---------------------|--|
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| Grade Options are: L =Letter Grade CR =Pass/Fail A =Audit C =CEU | | | | | | | Total Units: | |

Advisor Signature: _____ Date: _____

Claremont School of Theology retains a security interest in all transcripts, diplomas, certificates, letters of recommendation, and grade reports, which shall not be released until all outstanding balances are paid in full. In the event the school deems it necessary to employ a collection agent or attorney to enforce payment, the undersigned agrees to pay all reasonable collection costs and attorney's fees. No future registrations will be allowed until all charges are paid in full.

Student Signature: _____ Date: _____

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| Registrar's Office | |
| <input type="checkbox"/> Processed _____ | _____ |
| Initials | Date |
| <input type="checkbox"/> Returned to student _____ | _____ |
| Initials | Date |