

Course Registration Form

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.			
emeste	er:		Year: Stude	ent ID Number:					
 Daytime	Phone N	umber	·: ()_						
Progr	am: (Ple	ase C	heck One)						
M	laster of D	ivinity	Master of Arts	Doctor of Ministry X _Non-Degree					
Jo	oint MDiv/I	MA	Episcopal Master of Divinity	Doctor	of Philos	sophyVisiting S	tudent		
Au			Date of Birth:	E	E-Mail:				
	`		,	n/dd/yy					
Ot			Date of Birth:	E- /dd/yy	-Mail:				
			of Study)	, dd, yy					
Dept	Course #	Sec	Course Title		Grade Option	Instructor	Instructor Approval	Units	
TPS	4063		Process Summer Intensive		L	Andrew Schwartz		4	
			Grade Options are: L=Letter Grade CF	R=Pass/Fail A=Audit	C=CEU		Γotal Units:		
∖dvisor	Signature	<u> </u>			Date:				
utstanding	g balances are p	oaid in ful	ains a security interest in all transcripts, diplomas, certificates I. In the event the school deems it necessary to employ a co s. No future registrations will be allowed until all charges are	llection agent or attorney				onable	
Student	Signature					Date:			
					Re	egistrar's Office			
						Processed	nte	_	
						Returned to student			