CLAREMONT SCHOOL OF THEOLOGY

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.

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 _X_ 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
TPS	3063		Process Summer Intensive	L	Andrew Schwartz		3
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:_____

Registrar's Office

❑ Processed _____
Initials Date

❑ Returned to student _____
Initials Date