

Registration Form

COLUMBIA THEOLOGICAL SEMINARY

Today's Date _____ Term *Fall*____ *Winter*____ *Spring*____ *Summer*____

_____ ID number _____ name _____ degree program _____

| Course # | Course Title | Units/Credits | Time | Location | Tuition/Fees |
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Please complete ALL of the information below.

_____ e-mail address _____ campus mailbox number _____ phone _____

_____ street address + apt. number if applicable or campus dorm name + room number _____

_____ city _____ state _____ ZIP _____

_____ student's signature _____ Social Security number _____

_____ advisor's signature (MDiv & MATS) _____

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| Supervising Minister (<i>check here</i>) _____ |
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| Has any of your information changed since the last time you registered? YES _____ NO _____ |
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Copies: Registrar, Business Office, Financial Aid, Student