

COURSE (수강 신청서) REGISTRATION		CENTRAL BAPTIST THEOLOGICAL SEMINARY			
Student Name (이름)	Today's Date (오늘 날짜)	Semester (학기)		Year (년)	
Address (주소)		City (도시)		State (주)	Zip Code (우편번호)
Mobile Phone (전화 번호)		Home Phone (집 전화)		E-mail (이메일)	
Degree (과정)		Denomination (교단)		Church Membership (소속교회)	

Course # 과목번호	Section # 섹션번호 (11,30,60...)	Course Description 과목 명	Hours & Days 수업 날짜/시간	Professor 교수	# of Credits 학점

Student Signature (학생 싸인) _____ Registrar Approval _____

FOR OFFICE USE ONLY (학교 사무실 전용) *PLEASE DO NOT WRITE BELOW THIS LINE*

___ Student Spouse Rate	___ Matriculation Fee	Probation: YES ___ NO ___
___ Child of Alumni/ae	___ Student Association Fee	Other: _____
___ Native American Grant	___ Late Registration Fee	Total Hours: _____
___ F-1 Visa Student	___ Sustaining Fee	Cost per Credit: _____
___ Cross-Registration Student	___ Change of Course Fee	TOTAL COST: _____

Site: _____ Advisor Approval: _____

Mail or Deliver This Form to:

CENTRAL BAPTIST THEOLOGICAL SEMINARY
 Attn: Registrar's Office
 6601 Monticello Road
 Shawnee, KS 66226-3513

Or Fax it to:

913-371-8110