

COURSE REGISTRATION		CENTRAL BAPTIST THEOLOGICAL SEMINARY				
Student Name		Today's Date		Semester		Year
Address			City		State	Zip Code
Mobile Phone			Home Phone		E-mail	
Degree		Denomination		Church Membership		

Course #	Section #	Course Description	Hours & Days	Professor	# of Credits

Student Signature _____ Registrar Approval _____

FOR OFFICE USE ONLY

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