

**BIBLICAL THEOLOGICAL SEMINARY
SUMMER TERM 2018 (JULY-AUGUST) REGISTRATION**

Name _____ ID# _____ Telephone - Home (____) _____
Last First MI

Address _____ Telephone - Work (____) _____
Street

_____ E-mail address _____
City State Zip

This is a change of (circle all that apply): Address Telephone E-mail

Program: ___ MDiv ___ LEAD ___ MA OT ___ MA NT ___ MAMT ___ MA Min ___ MA Min/Coun
 ___ MA Couns ___ Cert-Bible ___ Cert-Couns ___ Non-degree ___ Auditor ___ DMin ___ ThM
Note: Please do not change your program on this form.

Anticipated date of graduation: Jan./June (circle one), 20_____

Credit Audit

___ ___ NT 590 Revelation (book study)
 ___ ___ MAC 725 Healing Wounds of Trauma

Credits Instructor Prerequisite

3 Cooper none
 2 Drew/Monroe none

Independent Study Courses

___ NT 701I Supplementary Greek (**indicate number of credits**) 1,2,3 Staff NT 511 Biblical Greek 2
 ___ OT 701I Supplementary Hebrew (**indicate number of credits**) 1,2,3 Houseknecht OT 511 Biblical Hebrew 2

Course(s) not listed on this sheet (must be approved beforehand by the academic office)

 _____ (academic office signature)
 _____ (academic office signature)

<p>SUMMARY (Please complete this section)</p> <p>Hours</p> <p>___ Credit hours –(current for-credit rate)</p> <p>___ Audit hours-(current audit rate)</p> <p>___ Audit hours – (no charge)</p> <p>Student has previously passed course for credit. Please put "NC" by the relevant courses above.</p>

<p>Payment Plan (Please complete this section)</p> <p>___ Full payment (Cash/check/credit card)</p> <p>___ Nelnet Business Solutions</p> <p>___ Student loan</p>
<p>NF For Office Use Only</p>

STUDENT: Retain pink copy for your records

NOTE: Biblical Seminary reserves the right to cancel any course with insufficient enrollment.

* BTS welcomes online students from outside of Pennsylvania. Different states have various authorization requirements for institutions offering distance education to their residents. BTS cannot register students in online courses who live in certain states. Please email academic@biblical.edu for information about your state of residency.

 Student Signature Date

 Academic Office Signature Date

 Business Office Signature Date