CALIFORNIA GRADUATE SCHOOL OF THEOLOGY

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REGISTRATION FORM

Name _____
Last First M.I.

Address _____
Street Apt. #

_____
City State Zip Code

Home Phone (_____)_____ Work Phone (_____)_____

Student I.D. # _____ Degree Program _____

Registering for: (check one) Year - 20 _____ Please Check One:

_____ Fall _____ Spring _____ New Student

_____ Winter _____ Summer, Session _____ _____ Returning Student

Course #	Course Title	Instructor	Units	Notes

Total No. of Units: _____

Student Signature: _____ Date: _____

(Office Use Only)

_____ Units @ $ _____/Unit: $ _____

Other Charges: Late Registration: $ _____

_____: $ _____

_____: $ _____

Payment Received By:

Total Charges For This Quarter: $ _____

Amount Paid: $ _____

By: ___Cash ___ Ck # _____

Paid On: _____/_____/_____

Remaining Balance To Be
Forwarded To Student's Account: $ _____

White - Registrar Yellow - Student File Pink - Student Copy