

CARVER BAPTIST THEOLOGICAL SEMINARY

REGISTRATION FORM

Name: _____ **DATE:** _____
Address: _____ **ID #:** _____
_____ **(Office Use Only)**
Church (Name & Address) _____
_____ **Zip :** _____
Phone Numbers: Home: _____ **Work:** _____ **Cell:** _____
E-Mail Address: _____

Year: _____ **Program:** Master of Ministry _____
Master of Arts _____
Doctor of Ministry _____

COURSES:

<u>Course #</u>	<u>Course Name</u>	<u>Instructor</u>	<u>Hours</u>
Total Hours:			

FINANCIAL INFORMATION:

Application Fee: (\$30) (New Students Only) \$ _____
Registration Fee (\$25): (All Students) \$ _____
Seminary Tuition :
 \$150 / Cr. Hr. X _____ Credit Hours = \$ _____
Library Fee (\$20) (All Seminary Students) = \$ _____
Total Seminary Tuition & Fees..... \$ _____

Late Registration Fee (\$25)[after 1st day of class] \$ _____

TOTAL CHARGES : \$ _____

MINIMUM OF \$25 REG. FEE MUST ACCOMPANY THIS FORM!! \$ _____

NOTES:

Revised 8/07