

# BI-REGISTRATION AT CATHOLIC THEOLOGICAL UNION

Bi-registration allows **Lutheran School of Theology at Chicago Th.M. and Ph.D.** students to register for courses at Catholic Theological Union.

**Instructions: This form must be completed by student and submitted to Director of Graduate Studies and the Office of Finance for approval signatures. Submit this form during registration to LSTC Registrar when all signatures have been obtained.**

(To be completed by the student applying for bi-registration)

Name of Student: \_\_\_\_\_ LSTC Student Number: \_\_\_\_\_

Degree \_\_\_\_\_ Email Address: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

I hereby make application for registration in the following course(s) under the terms of bi-registration.

**(PLEASE PRINT ALL INFORMATION & SUBMIT ONE FORM PER COURSE)**

COURSE NO.	COURSE TITLE	INSTRUCTOR

(To be completed by the Director of Graduate Studies)

As Director of Graduate Studies at the Lutheran School of Theology at Chicago, I certify that the above student is in good standing and a candidate for the \_\_\_\_\_ degree. I recommend this application for bi-registration in the course(s) listed above.

\_\_\_\_\_  
Director of Graduate Studies Date

(To be completed by LSTC Finance Office)

Approved authorization of payment of tuition only, pending receipt of invoice/student bill from institution.

\_\_\_\_\_  
Finance Office Date

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Signature LSTC Registrar Signature CTU Registrar

**Attn: CTU Registrar**

**GRADE REPORT: Submit final grade to LSTC, Attn: Registrar, 1100 E. 55<sup>th</sup> St., Chicago, IL 60615 or by courier**  
Course Number and Title \_\_\_\_\_

Date: \_\_\_\_\_ Grade \_\_\_\_\_ Semester/Quarter Hours Credit \_\_\_\_\_  
(Circle one)

\_\_\_\_\_  
Signature of Registrar