

Current enrollment

Continuing education Audit
 Doctor of Ministry Other (specify) _____

Current LSTC M.A. and M.Div. students should register online.

| | | |
|------------|-------------|-----|
| Name | Student ID# | |
| Address | | |
| City | State | Zip |
| E-mail | Cell phone | |
| Home phone | Work Phone | |

Course Selection

_____ For (choose one): Credit C.E.U. Audit
Course number and title Starting date

_____ For (choose one): Credit C.E.U. Audit
Course number and title Starting date

Payment Enclosed* \$ _____

*Students enrolled in D.Min. program will be billed for tuition.

Please mail or fax this completed form to LSTC:

LSTC Summer Session Registration
Attn: Christina Heisser
1100 East 55th Street
Chicago, IL 60615
(773) 256-0782 (fax)
Include Cross-Registration Form, if needed