

This form allows **Lutheran School of Theology at Chicago Th.M. and Ph.D.** students who are in the **World Mission Program at CTU** to register for courses at Catholic Theological Union. **ATTENTION: Billing for courses taken at CTU is charged through the LSTC billing system.**

**Registration
Catholic Theological Union
WORLD MISSION PROGRAM**

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: _____

Birth date: _____ 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)

Authorized signature of Director of Finance or designated personnel of the Finance Office.

Finance Office _____
Date

FOR OFFICE USE ONLY:

Signature LSTC Registrar _____
Signature CTU Registrar *

***(CTU Registrar is to return signed copy of acceptance to LSTC Registrar)**

Attn: CTU Registrar

GRADE REPORT: Submit final grade to LSTC, Attn: Registrar, 1100 E. 55th St., Chicago, IL 60615 or by courier
Course Number and Title _____

Date: _____ Grade _____ Credit _____

Signature of Registrar