CURRENT			
	Last:	First:	Middle:
	Street Address:		
	City:	State:	Zip:
	Phone Number:		

Church of God Theological Seminary

Registration Form

www.cogts.edu

Permanent			
	Last:	First:	Middle:
	Street Address:		
	City:	State:	Zip:
	Phone Number:		

Student I.D. No.: 10000 ___ ___ ___ ___	**Year:** **Term:**	**Email:**

Time	Course #	Course Title	Credits	Audit	Intern	Room	Instructor
T 8:00 -10:45							
T 11:00 -12:00		Chapel					
T 12:15 - 2:00		Community of Faith & Ministry Reflection Group					
T 2:20 - 5:05							
T 5:25 - 6:15							
T 6:30 - 9:15							
W 8:00 -10:45							
W 11:00 -12:45		Community of Faith & Ministry Reflection Group					
W 1:10 - 3:55							
W 4:20 - 5:10							
Th 8:00 -10:45							
Th 11:00 -12:00		Chapel					
Th 12:15 - 2:00		Community of Faith & Ministry Reflection Group					
Th 2:20 - 5:05							
Th 5:25 - 6:15							
Th 6:30 - 9:15							
F 8:00 - 10:45							
		Special Scheduling					

Student Signature _____ **Date** _____ **Advisor Signature** _____ **Date** _____

Revised 3/5/07