

METHODIST THEOLOGICAL SCHOOL

— IN OHIO —

REGISTRATION FORM

SEMESTER _____ **YEAR** _____
(Please use separate forms for Summer and Fall. January can be combined with Spring.)

Last Name _____ First Name _____ Middle Initial _____ Prefer to be called _____

Home phone _____ Cell phone _____ E-mail _____

Degree/Program _____

Anticipated Graduation Month/Year _____ (required for student loan deferment, planning, etc.)

Course & Sec. No.	Course Title	Days	Times	Pass/Fail (Y or N)	Audit (Y or N)	Credit Hours (0 for audit)

TOTAL CREDIT HOURS
(cannot exceed 14 in Fall or Spring without Dean's permission)

The limit for intensive sessions in January and Summer is 3 hours.

I assume financial responsibility for the course(s) shown on this registration and am aware of the School's Drop/Add, Refund and Withdrawal policies.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____
(required for all returning certificate and degree students)