



Center for Lifelong Learning Credit Registration for Academic Year: Fall 2011 - Summer 2012

Submit this form to register as a credit student in a distance education class. If you wish to register for audit, please submit the Non-Credit Application & Registration form, available online. If you are not an admitted student of Western Seminary, or if you have not taken a class within the last twelve months, please submit a Master's Application, available online, in conjunction with this form. For your convenience, you may follow the Non-Degree Admission instructions on the application.

Full Name _____ Student ID _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Email _____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____

Registration: For "Desired Start Date," you may select one from the options listed on our website, or simply write "ASAP." **Please note, we are now using the Integr@te software to deliver all distance education courses. Mark Baker will contact you with instructions on how to use Integ@te within three weeks of your course start date. If either your computer or your internet connection does not meet recommended specifications, please request a DVD-ROM disk by checking the appropriate box below.**

Desired Start Date _____ Course ID _____ Course Title _____

Credit Hours _____ Semester _____ Do you need a DVD-ROM course disk? Yes No

Approval: Your registration cannot be processed without proper approval. If you do not live near a Western Seminary campus, or if you are unable to schedule an on-campus appointment, please attach an email from the authorized staff person indicated below verifying approval of this registration. Staff email addresses are available online.

Approval Signature _____ Date _____

Authorized Staff: Portland & San Jose campus: Faculty Advisor; Sacramento campus: Janet Gluck; Hybrid: Jon Raibley; No campus affiliation: Jon Raibley

I am unable, due to distance or scheduling conflicts, to obtain an approval signature. I have attached an email from the authorized staff person verifying his/her approval of this registration.

By signing below, I am agreeing to adhere to the policies of Western Seminary, as explained in the current catalog. Additionally, I give Western Seminary permission to register me for the course(s) listed above and I agree to pay the appropriate tuition.

Signature _____ Date _____

Tuition Payment: Tuition in the 2011-2012 academic year is \$445 per credit hour. Tuition is due by the end of the first week of the semester or by the end of the first week of the course's official start date (whichever comes first).

Please note, there is a \$60 language fee for NTS 508E, NTS 509E, OTS 508E and OTS 509E.

TOTAL NUMBER OF CREDITS: _____ X TUITION: \$ _____ = TOTAL TUITION DUE \$ _____

I have enclosed a check made out to Western Seminary.

Please charge my card: VISA Discover MasterCard

Card Number _____ Expires _____

Please return completed form to:
WESTERN SEMINARY
 Center for Lifelong Learning
 5511 SE Hawthorne Blvd
 Portland, OR 97215-3367
 (503) 517-1889 fax

OFFICE USE ONLY

Payment Processed _____

Date _____

Registration Processed _____

Date _____