





# Perspectives Application and Registration Request

Have you ever taken a course at Western Seminary? \_\_\_\_\_ If so, when? \_\_\_\_\_

Please provide a statement concerning your acceptance of Jesus Christ as your personal Lord and Savior:

Please provide a statement regarding your purpose for enrolling in Perspectives through Western Seminary:

**CAMPUS LOCATION:**  Portland  San Jose  Sacramento

**SEMESTER:**  Fall  Spring  Summer Year \_\_\_\_\_

**COURSE ID:** \_\_\_\_\_ **CREDITS:** 3 **TUITION:** \$555

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Admission Approved _____
Student ID _____
Registration Completed _____

Please submit this form and tuition payment to:

**WESTERN SEMINARY**  
Attn: Hannah Hayes  
5511 SE Hawthorne Blvd  
Portland, OR 97215-3367  
(877) 517-1800 or (503) 517-1883  
(503) 517-1801 fax