



Lancaster Theological Seminary

Registration Form

First-time, Unclassified or Special Students

If you wish to have a record of this transaction, please print a copy for your files.

Today's Date:

Student Name:	Program:
Academic Year:	Academic Term:

Course Number	Course Name	Credits
TOTAL CREDITS		

Required Signatures:

Signature of Student		Date
Signature of Advisor		Date

RETURN COMPLETED AND SIGNED FOR TO THE REGISTRAR FOR PROCESSING.