

New Theological Seminary of the West

Course Registration Form		
\$10 registration fee for students not	admitted to a degree program wi	ith the Seminary
Please check one: \square First-time stud	lent Continuing student	
Please check one: \Box Degree Seek	ing □ Non-Degree Seeking	
Intended term of enrollment:		
☐ Fall 20 ☐ January Intensive 2	20 🗆 Spring 20 🗆 May Int	tensive 20 Summer 20
I would like to register for the follow	ing course(s):	
	Credit 🗆 Audit	□ Credit □ Audit
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	Credit 🗆 Audit	□ Credit □ Audit
Personal Information		
Legal Name		
Last	First	Middle
Title: \square Ms. \square Mr. \square Mrs. \square Rev.	□Dr. □Other (please specify)	
Preferred Name		
Current Mailing Address	City	State/Zip
Alternate Mailing Address	City	State/Zip
Primary Phone	Alternate Phone	
Primary Email	Alternate Email	
Primary Language	Secondary Language(s)	

Send Registration Form To: New Theological Seminary of the West 54 North Oakland Avenue Pasadena, California 91101 (626) 765-9500 | ntswest.org