AUSTIN GRADUATE SCHOOL OF THEOLOGY
7640 GUADALUPE ST., AUSTIN, TEXAS 78752
512.476.2772 * FAX: **512.476.3919**

SC	PR N
EXC	EMP
ACCR	

Registration Form

☐ BACS ☐ MATS ☐ Special Student ☐ Auditor

SEMESTER: Fall Spring Summer Year: _____

Name _____ SSN _____

Date of Birth _____ Gender _____ Email _____

Address _____
Street *City* *State* *Zip*

Home Phone _____ Cell # _____ Work # _____

Denominational Affiliation _____ Current Church _____

☐ ***I wish to withhold personal information from publication in the student directory.***

(Federal Law requires information regarding sex and race under Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, NA Form 27-4272.)

The U.S. Department of Education has mandated that the following information/questions be given to all students. You are encouraged, but not required, to respond. *Please check the following as appropriate:*

Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Native Hawaiian ☐ Asian
☐ White ☐ Black/African American

Tuition is $310 per semester hour. Each course offered is three semester hours, totaling $930 per course.

Course Number	Course Title	Credit *($930)*	*or* Audit *($50)*	Approval	Office Use
1.		CR	AU		A D
2.		CR	AU		A D
3.		CR	AU		A D
4.		CR	AU		A D
5.		CR	AU		A D
6.		CR	AU		A D

AUDITORS ONLY: I do / do not have an Undergraduate Degree.

Degree _____ Institution _____

By signing this form, you confirm that you wish to enroll in the courses listed above. Registration is official only after you have signed this form, payment arrangements have been made and this form is approved.

_____ _____
Student Signature *Date*

* *Office Use Only, Do Not Write Below This Line* * * * * * * * * * * * * * * * * * *

Tuition Due _____ Amount Rec'd _____ Rec'd By _____ Date _____

Campus Use Fee: $75/CR $25/AU Check/Cash/Other _____ Balance Due _____

Late Registration Fee $60

Total Due _____

Financial Aid _____

Entered in System _____ Entered By _____

Registrar's Approval/Date
_____ / _____