



Cummins Memorial Theological Seminary

705 South Main Street | Summerville, South Carolina 29483

Phone: (843) 873-3451 | Fax: (843) 875-6200

COURSE REGISTRATION FORM

(Please Print)

Spring Semester 20__ Fall Semester 20__ Summer Session _____

Program
 ___ MDiv. ___ MACL ___ B.Th. ___ Cert/Diplo ___ Con. Ed ___ Licentiate

Other Program _____

Student Name _____ Student Number: _____

Address: _____ City _____ State _____ Zip _____
(Last four #'s of SS)

Phone: Home _____ Cell: _____ Office: _____

E-Mail: _____ Date of Registration: _____

Course No.	Title of Course	Professor	Day	Time

Any student wishing to take more than 12 hours must obtain prior approval from Dr. Barnes.

Total Hours	
Tuition	\$
Application Fee	\$
Registration Fee	\$ 50.00
Library Fee	\$ 50.00
Tech. Fee	\$ 85.00
Total Cost	\$

FINANCIAL AGREEMENT

_____ agrees and promises to pay **Cummins Memorial Theological Seminary** the sum of \$_____.

If this note is in default and is placed for collection, _____ shall pay all reasonable costs of late fees, collection fees and attorneys' fees.

Student's Signature

Date

Cummins Administrator

Date