



COURSE SELECTION
(Complete this form in its entirety)

ACADEMIC YEAR: _____

- Fall Semester Spring Semester Summer Session

SCHOOL

- TEDS TGS

STUDENT STATUS

- Regular Visiting Special Student Bible Certificate Audit

check appropriate selection

- My following student identifying information reflects a change.

Student ID# or Social Security #	First Name	Middle Name or Initial	Last Name

Current Street Address and Apt.

City	State	Zip	Home Telephone (w/Area Code)
Work Phone	Cell Phone	Fax	E-Mail Address

Course Number	Course Title	Semester Hours	Instructor	Day(s) & Time(s)
Total Semester Hours:				

Student Signature	Date	Academic Advisor Signature	Date
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Dean Signature (required if taking more than regular full-time load)	Date
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