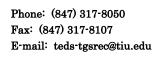# REGISTRATION

Trinity Evangelical Divinity School and Trinity Graduate School

Trinity International University
University Records
2065 Half Day Road
Deerfield, IL 60015

Phone: (847) 317-8050
Fax: (847) 317-8107
E-mail: teds-tgsrec@tiu.edu

Name: _____ Phone#: _____ ID#: _____

Fall / Spring / Summer _____ SS # :_____ E-mail:_____
(circle one)　　　　　　　　(year)

- *This form is to be used only for registrations which cannot be done online.*
  - *-When registering to audit a class.*
  - *-When a student does not have access to online registration.*
  - *-Other exceptional circumstances.*

PRESENT PROGRAM OF STUDY (CHECK ONE)

☐ CERT　　☐ MDIV　　☐ PhD/EDS　　☐ PhD/THS　　☐ Visiting Student

☐ MA　　☐ ThM　　☐ PhD/ICS　　☐ DMIN　　☐ Auditor Only

☐ <u>Please check here if you are a student at an extension site registering for your first class at the Deerfield campus.</u>

Circle One	Course Dept & Number (Ex.: NT 5010)	Section Number	Course Title	Credit Hours	Audit Hours	Instructor
ADD DROP						
ADD DROP						
ADD DROP						
ADD DROP						
ADD DROP						
						TOTAL HRS AFTER ADDS/DROPS

Registrants are responsible for reviewing catalog program requirements and course prerequisites, the Academic handbook, and consulting with their Formation Group Leader (TEDS) or Faculty Advisor (TGS) as needed prior to course registration. The signature below indicates my review of these documents ensuring these courses apply to my program or personal interests.

Student Signature:_____ Date:_____

Dean Signature: _____ Date:_____
(required for late registration only)