

REGISTRATION

Trinity Evangelical Divinity School and Trinity Graduate School



Trinity International University

University Records: 2065 Half Day Road; Deerfield, IL 60015 Fax (847) 317-8107

Records Contact Information: Phone - (847)317-8050 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.
- When registering for TGS Guided Research courses, Reading Courses, Theses, or Capstones.
- Other exceptional circumstances.

PRESENT PROGRAM OF STUDY (CHECK ONE)

- CERT MDIV PhD/EDS PhD/THS Visiting Student
 MA/MAR ThM PhD/ICS DMIN Auditor Only

Please check here if you are a student at an extension site registering for a class on the Deerfield campus to fulfill your residency requirement.

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 pre-requisites, the Academic handbook, and consulting with their Formation Group Leader 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)