

REGISTRATION FORM

Interdenominational Theological Center

700 Martin Luther King Jr. Drive, Southwest

Atlanta, GA 30314

(404) 527-7707

NAME: _____ Term: Fall _____; Spring _____; Summer _____
Last First Middle Initial

Contact Telephone Number: _____ Date: _____

Email Address: _____

COURSE REGISTRATION

Office Use Only	Add Drop Withdrawal	COURSE TITLE	SECTION NO.	CREDIT HRS.	Instructor Signature Required For CLOSED COURSES, DIRECTED STUDY, & TIME CONFLICT

Total of Credit Hour(s) _____

1. _____
Signature of Denominational Dean (Always Required) _____
Date
2. _____
Signature of Director of Financial Aid _____
Date
3. _____
Signature of Academic Dean (if over 16 credit hours). _____
Date
4. _____
Signature of Registrar _____
Date

Final day to add/drop courses: End of the second full week of the semester.

Final day to withdraw (W) from course(s): 4 weeks before the end of the semester.