COURSE INDICATOR FORM
ACADEMIC YEAR 2018-2019

ATLANTIC SCHOOL of THEOLOGY

ACADEMIC TERM(S) OF REGISTRATION ☐ Summer 2018 ☐ Fall 2018 ☐ Winter 2019

Last Name _____ First Name _____ Email _____

ACADEMIC PROGRAM OR STATUS

- ☐ MDiv
- ☐ MDiv (Summer Distance)
- ☐ MA (Theology & Religious Studies)
- ☐ Graduate Certificate in Theological Studies
- ☐ Special Student
- ☐ AST Graduate Program Alum
- ☐ Letter of Permission
- ☐ Audit
- ☐ Other: _____

COURSE REGISTRATION FOR 2018-2019

Summer Term 2018

Course Number	Course Title	Instructor	Credit

Fall Term 2018

Course Number	Course Title	Instructor	Credit

Winter Term 2019

Course Number	Course Title	Instructor	Credit

I confirm that my Faculty Advisor has approved my course selection for 2018-2019. ☐ Yes ☐ No

Date:

Credit Registration Summary	
Summer	0
Fall	0
Winter	0
TOTAL CREDITS	0

REMINDER: Submit your *Course Indicator Form* and your *Personal Registration Form* in one package/email to the Registrar.
QUESTIONS ABOUT REGISTRATION? Contact the Registrar at registrar@astheology.ns.ca or 902-425-3691.

Registrar's Office | Atlantic School of Theology, 660 Francklyn Street, Halifax, Nova Scotia B3H 3B5