

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

Gray-shaded areas will be completed by the DYM Program Office.

\*For required online Learning Units please indicate Fall Term 2018 or Winter Term 2019 as applicable.

^Indicate start (dd/mm/yyyy) to end date (dd/mm/yyyy).

An AST Personal Registration Form must be submitted with this form.

Student Name: \_\_\_\_\_  
 Surname Given Name(s)

**Learning Unit Registration:**

Learning Unit Title	*Dates	Instructor	Unit Number

Total Learning Units for this Registration: \_\_\_\_\_

**Practicum Unit Registration:**

Practicum Unit Name	Unit (1 <sup>st</sup> /2 <sup>nd</sup> )	^Dates	Supervisor	Unit Number

Total Practicum Units for this Registration: \_\_\_\_\_

**Approved Third Party Elective Registration:**

Name of Approved Third Party Event	^Dates	Host organization/institution	Unit Number

Total Approved Third Party Electives for this Registration: \_\_\_\_\_

**Learning Unit Exemption or Transfer Registration:**

DYM Learning Unit of exemption (e.g. Intro Bible)	Unit Number	Title of prior learning/training for transfer	Unit Number

Total Exemptions and/or Transfers for this Registration: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition and/or Processing Fee Payment**

Please ensure your course tuition payment for Fall Term registration is submitted with this form. Please make cheques payable to Atlantic School of Theology. For Visa or MasterCard payments please complete the following:

Visa or MasterCard Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_