

Non-Degree Course Registration Form
For counseling courses only

Revised 2/08

Submit completed form to:
ASHLAND THEOLOGICAL SEMINARY
Attn: Debbie Carver
910 Center St., Ashland OH 44805

Name: _____ Social Security #: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Email address: _____

PLEASE USE A NEW FORM FOR EACH QUARTER.

Course #: _____	Course Name: _____
Credit Hours: _____	Quarter and Year the course is scheduled: _____ (example: Fall, 2009)
This course is being taken for:	
___ Course Credit (\$319 per credit hour)	___ Audit (\$300)
___ Continuing Education Clock Hours* (\$300)	Registrar: _____ DC: _____

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___ Continuing Education Clock Hours* (\$300)	Registrar: _____ DC: _____

Signature: _____ Date: _____

*Continuing Education Clock Hours as required by the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.

Course syllabi are available via the internet at <http://www.ashland.edu/seminary>. Under the Academics heading click on Schedule. Select Counseling Programs, then the appropriate program's schedule. Within the schedule the course numbers that are purple and underlined are linked to syllabi.