

**Non-Degree Course Registration Form**  
**For Clinical Mental Health Counseling courses only**  
Revised 07/14

Submit completed form to:  
ASHLAND THEOLOGICAL SEMINARY  
Attn: Colleen Hord  
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 SEMESTER.**

Course #: _____	Course Name: _____
Credit Hours: _____	Semester and Year the course is scheduled: _____ (example: Fall, 2014)
This course is being taken for:	
<input type="checkbox"/> Course Credit (\$650 per credit hour)	<input type="checkbox"/> Audit (\$375)
<input type="checkbox"/> Continuing Education Clock Hours* (\$375)	Registrar: _____ CH: _____

Course #: _____	Course Name: _____
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<input type="checkbox"/> Course Credit (\$650 per credit hour)	<input type="checkbox"/> Audit (\$375)
<input type="checkbox"/> Continuing Education Clock Hours* (\$375)	Registrar: _____ CH: _____

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 [seminary.ashland.edu](http://seminary.ashland.edu)