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:

☐ Course Credit  ☐ Audit  ☐ Continuing Education Clock Hours*

($650 per credit hour) ($375) ($315) Registrar: _______ CH: _______

Course #: ___________ Course Name: _____________________________________________________

Credit Hours: ______ Semester and Year the course is scheduled: ____________________________

(example: Fall, 2014)

This course is being taken for:

☐ Course Credit  ☐ Audit  ☐ Continuing Education Clock Hours*

($650 per credit hour) ($375) ($315) 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