

Ashland Theological Seminary Registration Change

Fall
Spring
Summer 20_____

Name _____
Last
First
M.I.

Date _____

SSN -or- Student ID #: _____

Add	Drop	Course Code, Number & Section	Course Title	Cr. Hrs.	Campus	Instructor's signature	Last date of attendance or Last date of course access (online)

Reason for registration change: _____

 Student's Signature

 Advisor's Signature

Please refer to the ATS catalog for refund policy.

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