

Non-Degree Course Registration Form
For Clinical Mental Health Counseling courses only

Revised 04/19

Submit completed form to:
ASHLAND THEOLOGICAL SEMINARY
Attn: Brenda Kitts
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, 2019)
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: _____

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<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