

# Holy Trinity Class Registration Form

**Mail to:** Holy Trinity Theological College and Seminary, Office of the Registrar,  
1240 Pinch Valley Road, Westminster, MD 21158

**Name:** \_\_\_\_\_  
*First*
*Middle*
*Last*

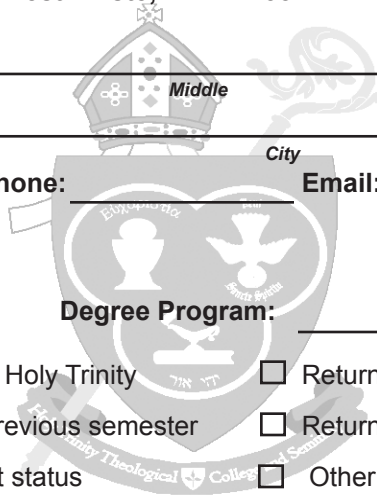
**Address:** \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Semester:**  Fall  Spring  Summer

**Level:**  A.T.S.  Graduate **Degree Program:** \_\_\_\_\_

**Enrollment Status:**  Newly admitted to Holy Trinity  Returning to Holy Trinity, last attended Holy Trinity  
 Continuing from previous semester  Returning to Holy Trinity, last attended other school  
 Special enrollment status  Other



## Class Registration

Course Designator	Course Name	Reg/Audit	Credit Hours	Cost/CrHr	Class Cost

## Calculate and Remit Payment

<b>Total Credit Hours</b>		<b>Total Tuition Cost</b>	
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Tuition (from above): \$ \_\_\_\_\_  
 Library fee\*: \$ \_\_\_\_\_  
 Admin. fee\*: \$ \_\_\_\_\_  
 DVD fee\*: \$ \_\_\_\_\_  
 Thesis fee\*: \$ \_\_\_\_\_  
 Late fee\*: \$ \_\_\_\_\_  
 Other fees\*: \$ \_\_\_\_\_  
**Total Cost:** \$ \_\_\_\_\_

*\* Only include applicable fees.*

**Make checks payable to Christ the King Church with the notation "Seminary." No credit cards are acceptable.**

## Certification of Accuracy

I certify that all of the above information is accurate to the best of my knowledge. I understand that failure to remit payment with my registration and/or falsifying or withholding information may result in delay of registration, additional fees, or dismissal from Holy Trinity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_