WESTERN REFORMED SEMINARY
- COUNSELING REGISTRATION FORM-

Name _____ Date _____
last first

Address _____ Phone _____

_____ Work# _____

Email Address _____

Course #	Course Title	Credits	Day(s)	Instructor
611	Introduction to Biblical Counseling	3	Jan. 12-18	KMB

Total Hours 3

Amount Due _____ (Rate = $240/credit hour = $**720**; or $125/audit hour = $**375**)

[ ] Total pre-payment enclosed

[ ] Finance Plan ($100 down at registration; balance due by end of the course)

Amount Enclosed $ _____

Signature _____

WESTERN REFORMED SEMINARY
Five South G Street Tacoma, WA 98405
Ph: 253-272-0417 Fax: 253-627-4882 registrar@wrs.edu