WESTERN REFORMED SEMINARY
-REGISTRATION FORM-
2016-2017

Name _____ Date _____
last first

Address _____ Phone _____

_____ Work# _____

Email Address _____

Course #	Course Title	Credits	Day(s)	Instructor

Total Credit Hours _____

Amount Due $ _____

($240/cr. @ 1-6 credits; $205/cr. @7-9 credits; $200/cr. @ 10-12 credits; $195/cr. @ 13-14 credits; $3,040/semester @ 15-18 credits; addit'l $175/cr @ 19+ credits; $125/Audit hr.)

[ ] Total payment enclosed (you may subtract a 5% discount if total payment is made on or before registration day; a 2% discount applies if paying in advance through ®Paypal)

[ ] Finance Plan (only if total due is $200 or more; monthly finance charge of 1% on unpaid balance, with $1 as the minimum charge)

Amount Enclosed $ _____ (minimum payment at registration is $100)

Signature _____

Western Reformed Seminary
Five South G Street, Tacoma, WA 98405
253-272-0417 registrar@wrs.edu