



Los Angeles District Ministerial Development Center

Member of The Alliance for Ministry Training (818) 368-0700

REGISTRAR

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Student Registration Form

Semester: (Year) _____ Fall _____ Winter _____ Spring _____ Summer _____

Student ID (Soc. Sec.) # _____ Major _____ Track: Elder or Deacon
(Circle) .

_____ Last Name First Name M.I.

_____ Street Address (include apt. no.) Home Phone

_____ City State Zip Work Phone

Day	Course Number	Credit Hours	Course Title	Instructor	Site

_____ Student's Signature and Date

_____ Registrar's Signature and Date

For Extension Use Only:

Registered by: _____ Date: _____ Total Credits _____