

Ashland Theological Seminary

Registration Change

Fall
Spring
Summer 20_____

Name _____ Date _____
 Last First M.I.

SSN -or- Student ID #: _____

Add	Drop	Course Code, Number & Section	Course Title	Cr. Hrs.	Campus	Instructor's signature	Last date of attendance or Last date of course access (online)

Reason for registration change: _____

Student's Signature

Advisor's Signature

Please refer to the ATS catalog for refund policy.