

REFORMED THEOLOGICAL SEMINARY

3585 Northside Parkway NW
ATLANTA, GA 30327-2309
PHONE: (404) 995-8484 FAX: (404) 995-8997
admissatl@rts.edu

Atlanta
STUDENT REGISTRATION

PLEASE TYPE OR PRINT NEATLY ALL ITEMS ON THIS FORM

Year: 2006
Semester:
 Winter Spring
 Summer Fall

Student's Campus Affiliation
 Atlanta Orlando
 Charlotte Jackson
 Other _____

SS#: - -

Name: _____
Last First M.I.

Address: _____
Number Street

City State Zip

E-Mail: _____

Phone: () _____

Credit Hours			
Course Number:	Course Name:	Professor:	Hours:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Audit Hours			
Course Number:	Course Name:	Professor:	Hours:
_____	_____	_____	_____

Tuition Calculation: (Student, please complete this section)

Regular Tuition Rate: \$315 per Credit hour; \$160.00 per Audit hour

Financial Aid Type: _____
Church Partnership, ASMT, CCC, Campus Outreach, InterVarsity-C, RUF, Young Life (If Church Partnership, enter church name and share; e.g. Perimeter Church, \$315.)

_____ \$ _____
Hrs. x Tuition = Total Due Student Amount Due

Payment Information:

VISA MasterCard

Name _____
No. _____
Expiration Date _____

Check No. _____

Amount Paid: \$ _____