



EMORY

CANDLER
SCHOOL OF
THEOLOGY

ThM 600 (Post MDiv Elective)
Registration Form

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT ID #

Semester: _____

3 credit hour course you are completing as a Post-MDiv Elective (you should already be enrolled in this class) (Please include course name and number, i.e. NT 611 000, Acts of the Apostles):

Instructor: _____

Additional requirements you are completing for the Post-MDiv Elective credit:

I request that, upon approval, this application serve as my registration form in the course below. I understand any schedule changes including drop/add and withdrawal deadlines apply.

STUDENT SIGNATURE	DATE

INSTRUCTOR SIGNATURE	DATE

ADVISOR SIGNATURE	DATE

OFFICE OF THE REGISTRAR

Date Processed:

OPUS Class #: