

APPLICATION FOR BI-REGISTRATION AT THE LUTHERAN SCHOOL OF THEOLOGY

Bi-registration allows students at the **University of Chicago-Divinity School** to register for courses at the Lutheran School of Theology at Chicago.

Part I

(To be completed by the student applying for bi-registration)

Name of Student: _____ LSTC Student Number: _____

Email Address: _____

Local Address: _____ Phone: () _____

Birthdate: _____ Social Security #: _____ Citizenship: _____

I hereby make application for registration in the following course(s) under the terms of bi-registration.

(PLEASE PRINT ALL INFORMATION)

Subject Code	COURSE NO.	COURSE TITLE	INSTRUCTOR
B	627	Grad. Bib. Sem: Revelation	Rossing

As Dean of Students at the University of Chicago-Divinity School, I certify that the above student is in good standing and a candidate for the _____ degree. I recommend this application for bi-registration in the course(s) listed above.

Director of Ministry Studies

Date

TUITION BILLS MUST BE SENT TO:

Terri Owens, Dean of Students
Divinity School
University of Chicago
1025 E. 58th Street
Chicago, IL 60637