CALIFORNIA GRADUATE SCHOOL OF THEOLOGY



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REGISTRATION FORM

Name:			Student ID:			
	(Last)	(First)	(Middle)			
Home Addres	SS:					
Telephone:	[]		E-Mail:			
Program of S	Study					
Certificate Program: English as a Second Language		Degree Progra	ms: Bachelor of Arts in Religion Master of Arts in Religion Master of Divinity Doctor of Ministry			
Registration	Information					
Fall Winter Spring Summer		(year)		New Student Returning Student		
Course Detai	ils					
Course #	Cou	ırse Title	lı	nstructor	Units	Notes
				Total Units		
S	Student's Signature			Date		
Academic Dean's Signature				Date		