DEACON INQUIRERS REGISTRATION
FALL 2017

_____ _____ _____

Last Name First Name Middle Name

Address _____

Phone (h) _____ Phone (w) _____ E-mail _____

Social Security Number _____ - _____ - _____ □ Check box if this is a new address.

I am registering for the course(s) that are checked. (Place check mark in front of course.)

✓	Course No.	Course Title	Credit Hours	Day	Classroom	Time
	DO 946 DE	Theology of the Diaconate	3.0	Saturday	#2	9:30-12:00
	HS 521 DE	Church History	3.0	Saturday	#3	9:30-12:00
	DO 717 DE	Fundamental Theology	3.0	Saturday	#2	1:00-3:30

Total Credit Hours_____

I assume financial responsibility for the course(s) shown on this registration form and am aware of the school's Drop/Add, Refund and Withdrawal policies.

_____ _____

Student's Signature Date

Dates of Classes for Fall 2017:

- September 9, 16, 23, 30
- October 7, 14, 21, 28
- November 4, 11, 18
- December 2, 9
- December 16 – Final Exam