



NEW ORLEANS
BAPTIST THEOLOGICAL SEMINARY

Office use only:
Term: _____
Amt.: _____
Date: _____
Initials: _____

ACADEMIC WORKSHOP REGISTRATION FORM

NAME _____ DATE _____

E-MAIL ADDRESS _____ NOBTS-ID# _____

MAILING ADDRESS _____ PHONE _____

DEGREE _____ CAMPUS _____

Workshop Schedule

M	1 - 4 pm	6 - 9 pm
T - Th	8 - 11am	1 - 4 pm
F	8 - 11am	12 - 2 pm (Final)

Academic Workshop: _____ (Course Number & Name)	Date: _____ (Course dates)
Academic Workshop: _____	Date: _____
Academic Workshop: _____	Date: _____

Enclosed is the Matriculation Fee Amount: \$ _____
I have credit on my account to cover the fee: Yes No
I have enough money on my FACTS agreement to pay for this course: Yes No

Signature _____

Date _____

Please submit to:
New Orleans Baptist Theological Seminary, Registrar's Office, 3939 Gentilly Blvd. New Orleans, LA 70126
Phone: (504) 282 4455 ext. 3304; Fax: (504) 816 8453; Email: regfrnt1@nobts.edu