



This form is for Master of Arts, Master of Divinity, or Pre-Th.M. level students who are requesting to register for a 600 level course.

Full Name (please print clearly) _____ Student ID _____

Degree Program _____ Term _____

Requested Course ID _____ Requested Course Title _____

Please obtain approval from the following:

Advisor's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Th.M. Program Director's Signature: _____ Date: _____

Please return completed form to:

Portland Campus
Attn: Rachelle Humphrey
5511 SE Hawthorne Blvd
Portland, OR 97215-3367
(877) 517-1800 or (503) 517-1800
(503) 517-1801 fax

Office Use Only

Registrar's Signature: _____ Date: _____

Registration Completed: _____ Date: _____