



NEW ORLEANS
BAPTIST THEOLOGICAL SEMINARY
INTERNET CLASS REGISTRATION FORM

Date: _____

NOBTS-ID #: _____

Semester: Fall Spring Summer Year: _____ Degree: _____

E-mail : _____

Name: _____
(Last) (First) (Middle) (Maiden, if applicable)

Address: _____
(Street Box Number) (City) (State) (Zip Code)

Phone #: _____ Date of Birth: _____ Gender: Male Female

Social Sec. # _____ New Student? Yes No Are you married? Yes No

Have you ever been divorced or separated? Yes No More than once? _____

Have you ever seen a psychiatrist or counselor? Yes No How long have you been a Christian? _____

Nationality and Race: _____

Current denominational affiliation: Southern Baptist Other Baptist _____ Non-Baptist _____
(Which?) (Which?)

Present place of church membership: _____

Institution	Location	Dates of Attendance	Diploma	Date Received
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Seminary	_____	_____	_____	_____
Other	_____	_____	_____	_____

Course(s) in which I am enrolling:

Course #	Course Title	Instructor	# of Hours (2 nd digit in the course#)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FEE SCHEDULE

Application fee of \$25 \$ _____
Tuition of \$185 per credit hour \$ _____
Internet Fee of \$75 per credit hour \$ _____
Total \$ _____

Instructions: Complete this application, print a copy and mail with a check for the total amount of tuition and fees to: Registrar's Office, New Orleans Baptist Theological Seminary, 3939 Gentilly Blvd., New Orleans, LA 70126

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

• **ALL TUITION MUST BE RECEIVED BEFORE REGISTRATION DEADLINE.**

Signed _____ Date: _____