



HOLY SPIRIT

COLLEGE

COURSE REGISTRATION FORM

Name: _____

Address: _____

Phone: _____

E-mail: _____

Term / Year:
Spring 2019

Degree Program:
MTS/RLED

Course Number	Section Number (If Applicable)	Course Title	Course Instructor

Please check one of the following:

Auditing

For Credit

Catechetical Certification

Student Signature: _____ Date: _____

College Official Signature: _____ Date: _____

Please return to: Kim Schulman - Registrar
Holy Spirit College
4465 Northside Dr., NW