



# 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
THEO 650		Moral Theology (3 cr.)	Dr. Chris Gustafson

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