



# HOLY SPIRIT

COLLEGE

## COURSE REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term / Year:  
**Summer 2018**

Degree Program:  
**MTS**

Course Number	Section Number (If Applicable)	Course Title	Course Instructor
THEO 690		Spiritual Theology (Special Topic)	Dr. Chris Gustafson

Please check one of the following:

Auditing

For Credit

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Kim Schulman - Registrar  
Holy Spirit College  
4465 Northside Dr., NW  
Atlanta, GA 30327

Tel: 404-252-4513

E-mail: [kschulman@holyspiritcollege.org](mailto:kschulman@holyspiritcollege.org)