Berkeley School of Theology

BERKELEY SCHOOL OF THEOLOGY CROSS-REGISTRATION FORM

This form is ONLY for BST students wishing to enroll in a course or courses offered by another center or school of the GTU

Enter your information below along with the GTU course information for those classes you hope to take this semester. Submit the completed form to the BST Registrar during open registration. Keep in mind that some courses have limited enrollment and will be first come, first served. You will be notified by the BST Registrar with the results of your submission as soon as those become available.

| CENTER . | | WEAD | | |
|---|--|--|---------------------------------------|--|
| SEMESTER: | YEAR:. STUDENT INFORMATION | | | |
| | STUDENT INFO | ORMATION | | |
| Name: | | | Student ID: | |
| Academic Program: | | | Advisor: | |
| | CROSS-REGISTRAT | ION COURSE #1 | | |
| Course Name: | | | | |
| Course #: | Course Section: | | Credits: | |
| Instructor Name: | | | | |
| Instructor School: | | | | |
| Choose One: Letter Grade | Pass/Fail | | Audit | |
| Restricted Course?Y/N | If restricted course, | If restricted course, instructor written consent must accompany this form | | |
| | CROSS-REGISTRAT | CROSS-REGISTRATION COURSE #2 | | |
| Course Name: | normal a | | | |
| Course #: | Course Section: | | Credits: | |
| Instructor Name: | | | | |
| Instructor School : | | | | |
| Choose One: Letter Grade | Pass/Fail | | Audit | |
| Restricted Course?Y /N | If restricted course, | If restricted course, instructor written consent must accompany this form. | | |
| | CROSS-REGISTRAT | ION COURSE #3 | | |
| Course Name: | | | | |
| Course #: | Course Section: | | Credits: | |
| Instructor Name | | | | |
| Instructor School: | | | | |
| Choose One: Letter Grade | Pass/Fail | | Audit. | |
| Restricted Course? Y/N | | If restricted course, instructor written consent must accompany this form. | | |
| | | | 1 | |
| Student Signature: 🦿 | | | Date: | |
| NOTE: A minimum of one-third cour or speak with your Advisor if you ar | sework must be done at BS e unsure of your specific p | T for most of our program requirements. | grams. Consult your program checklist | |
| | OFFICE US | SE ONLY | | |
| Approved by Affiliate School? Y N Date Student | | | tified: | |
| BST Registrar: | | | Date: | |
| 510-841-1095 ext. 237 | Office of the 2606 Dwight W | e Registrar 'ay, Berkeley, CA 947(| 04 kcroswell@bst.edu | |