

LEAVELL COLLEGE
New Orleans Baptist Theological Seminary
Academic Workshop Registration Form



Mail to: Leavell College-NOBTS
3939 Gentilly Blvd. **Box 64**
New Orleans, LA 70126
Fax to: (504)816-859

LEAVELL COLLEGE
NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY

Name _____ NOBTS Student ID# _____

Address _____

(City, State) _____ (Zip Code) _____

Telephone() _____ E-mail Address _____

Are you currently enrolled? _____

If not, when was your last semester of enrollment? _____

In which degree program are you working? (Check One)

- | | |
|---|---|
| <input type="checkbox"/> Associate in Christian Ministry | <input type="checkbox"/> Associate in Music |
| <input type="checkbox"/> Associate in Women's Ministry | <input type="checkbox"/> Associate in Preschool and Children's Ministry |
| <input type="checkbox"/> Bachelor of Arts in Music | |
| <input type="checkbox"/> Bachelor of Arts in Christian Ministry | |

Please register me for the Academic Workshop(s):

_____ on Date _____

_____ on Date _____

Enclosed is the matriculation fee of \$ _____
Southern Baptist- \$150.00 per credit hour
Non-Southern Baptist \$200.00 per credit hour

I have money (credit) on my account- (____) yes (____) no

Signature _____ Date _____

Workshop Class Schedule: **Monday** 1-4 6-9 **Tuesday-Thursday** 8-11am 1-4pm **Friday** 8-11am 12-2pm (Final)