

**CONCORDIA THEOLOGICAL SEMINARY
FORT WAYNE, INDIANA 46825-4996**

2008/2009 ACADEMIC YEAR

**REGISTRAR'S OFFICE
ON CAMPUS REGISTRATION**

1) If you anticipate vicarage/graduation during this academic year, indicate which quarter. Vicarage _____ Graduate _____

NAME _____

STUDENT ID# D000 _____

CLASS STATUS: I II III IV AR MA MA-DEACONESS
(circle one)

FALL QUARTER # Cr Hrs
CRN # and Course # or Audit

WINTER QUARTER #Cr Hrs
CRN # and Course # or Audit

SPRING QUARTER #Cr Hrs
CRN # and Course # or Audit

Monday-Wednesday-Friday

Monday-Wednesday-Friday

Monday-Wednesday-Friday

1 _____

1 _____

1 _____

2 _____

2 _____

2 _____

3 _____

3 _____

3 _____

4 LUNCH _____

4 LUNCH _____

4 LUNCH _____

5 _____

5 _____

5 _____

6 _____

6 _____

6 _____

7 _____

7 _____

7 _____

8 _____

8 _____

8 _____

Tuesday-Thursday

Tuesday-Thursday

Tuesday-Thursday

1 _____

1 _____

1 _____

2 _____

2 _____

2 _____

3 LUNCH _____

3 LUNCH _____

3 LUNCH _____

4 _____

4 _____

4 _____

5 _____

5 _____

5 _____

SUMMER SESSION I # Cr Hrs
CRN # and Course # or Audit

SUMMER SESSION II #Cr Hrs
CRN # and Course # or Audit

SUMMER SESSION III # CrHrs
CRN # and Course # or Audit

1 _____

1 _____

1 _____

Student's Signature: _____

2 _____

2 _____

Registration # _____ Processed by: _____ Date: _____