



# Course Registration Form Lifelong Learning

Office of the Registrar

1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502/2503 • Fax (909)447-6242/6241 • cstregistrar@cst.edu

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Course Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Course tuition - \$150 \_\_\_\_\_  Check Enclosed  Credit Card  
CEU fee - \$25 \_\_\_\_\_ Number: \_\_\_\_\_  
TOTAL \_\_\_\_\_ Expiration: \_\_\_\_\_

**Return this Registration Form to:**

Claremont School of Theology  
Office of the Registrar  
1325 N. College Ave.  
Claremont, CA 91711

Fax: 909-447-6242

Email: CSTRegistrar@CST.edu

Claremont School of Theology retains a security interest in all transcripts, diplomas, certificates, letters of recommendation, and grade reports, which shall not be released until all outstanding balances are paid in full. In the event the school deems it necessary to employ a collection agent or attorney to enforce payment, the undersigned agrees to pay all reasonable collection costs and attorney's fees. No future registrations will be allowed until all charges are paid in full.

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

Registrar's Office
Processed _____
Initials                      Date