

**ST. MICHAEL'S SEMINARY & THEOLOGICAL COLLEGE
COURSE REGISTRATION – STUDENT**

Name: _____ Academic Year: 2020 - 2021

ID#: _____ Semester: ONE

E-Mail: _____

Telephone(s): _____

Enrolment:

Programme	<input type="checkbox"/> L.Phil	CERTIFICATE: <input type="checkbox"/> Theology <input type="checkbox"/> Religious Ed. <input type="checkbox"/> Spirituality <input type="checkbox"/> Pastoral Counseling	<input type="checkbox"/> OTHER <input type="checkbox"/> Module <input type="checkbox"/> Diaconate Programme	<input type="checkbox"/> MA <input type="checkbox"/> Christian Formation <input type="checkbox"/> Theology & Ethics					
	<input type="checkbox"/> B.A.								
	Year @ UWI								
	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5			
1	2	3	4	5					
Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> College	<input type="checkbox"/> Audit	Doing U.W.I. Exam Yes <input type="checkbox"/> No <input type="checkbox"/>				
Code	Course			Lecturer					
SEM 1									
SEM 2									
Code	Course			Add/Drop					

Student Signature

Date

<p>FOR OFFICE USE ONLY</p> <p>Fee Paid: _____</p> <p>Approved by Registrar: _____</p> <p>Date: _____</p>
