

**PITTSBURGH THEOLOGICAL SEMINARY  
REGISTRATION FORM/BILLING INVOICE**

**Name** \_\_\_\_\_ / \_\_\_\_\_  
 (Last) (First) (Middle) Student ID No. Social Security No.

**Address** \_\_\_\_\_  
 (No. and Street) (City/State) (Zip) (Area Code/Telephone No.)

Course No	Section No.	Course Title	Credits	Class Time	Class Days	Room No	Instructor

**Term** \_\_\_\_\_ **Year** \_\_\_\_\_ **Total Credits** \_\_\_\_\_

**Master Program**  
 Check Class Level  
 \_\_\_\_\_ Junior  
 \_\_\_\_\_ Middler  
 \_\_\_\_\_ Senior  
 \_\_\_\_\_ Special  
 \_\_\_\_\_ STM

**MUI Program**  
 Check Class Level  
 \_\_\_\_\_ Year A  
 \_\_\_\_\_ Year B  
  
 \_\_\_\_\_ **Doctor of Ministry**

**Day/Evening**  
 Check One  
 \_\_\_\_\_ Day  
 \_\_\_\_\_ Evening

**Other Information:**  
 Check, if applicable  
 \_\_\_\_\_ Student Pastor  
 \_\_\_\_\_ Clergy Spouse

(Circle One)  
 M.Div \$ \_\_\_\_\_  
 MA \$ \_\_\_\_\_  
 STM \$ \_\_\_\_\_  
 D.Min \$ \_\_\_\_\_  
 Special \$ \_\_\_\_\_  
 MUI \$ \_\_\_\_\_  
 Fees \$ \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_  
 Audit Fee \$ \_\_\_\_\_  
**Invoice Total** \$ \_\_\_\_\_



616 N. Highland Avenue  
 Pittsburgh, PA 15206  
 Phone: (412) 362-5610

Adviser's Signature \_\_\_\_\_ Registrar's Signature \_\_\_\_\_  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The student is financially obligated for this registration.**

**ALL ACADEMIC FEES ARE DUE TEN (10) SCHOOL DAYS AFTER THE FIRST DAY OF CLASS OR THERE WILL BE ASSESSED A \$5 LATE FEE PLUS A FINANCE CHARGE OF ½% PER MONTH ON THE UNPAID BALANCE.**