

Starr King School Registration Form for On-line Courses

Personal Information

Name: _____
 Last First MI

Address: _____
 Street Apartment #

 City State/Country Zip

Phone: () _____ () _____
 Home Work

Email: _____ **Social Security Number:** _____
 (for use with class) (Needed for tax credit form)

Institution of Affiliation: _____
 (If not matriculated in a graduate program, list "unaffiliated.")

Class Information

Name of class you wish to take: _____

Course Number (e.g. FE-4000 or HSRS-4040): _____ **Spring 2010**

Instructor: _____ **Pin Number:** _____

List Starr King or GTU moodle account _____ **None**
 (please list so we can associate with course)

Are you taking the course: **Pass/Fail** **Grade** **Credits:** _____
 (Please circle whichever is appropriate)

Next Steps

1. Complete form
2. Mail with payment to: Kat Croswell, Assistant Registrar
SKSM
2441 Le Conte Ave.
Berkeley, CA 94709

Payment due is \$1664.00 per 3 credit hours, for courses taught from 7/1/2009 to 6/30/2010. Please make checks out to "Starr King School for the Ministry."

Internal Use

ID #: _____

Term	Course	Professor	Amt Due	Amt Paid	Check #	Chk Date

If e-mailing this form, send to registrar@sksm.edu