

**Advanced Latin@ Theological Education (ALTE) Program**  
**COURSE REGISTRATION FORM**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Course Date: \_\_\_\_\_

Educational Background:

\_\_\_\_\_ Some College      \_\_\_\_\_ Associate Degree

\_\_\_\_\_ Bachelors Degree      \_\_\_\_\_ Masters Degree

A \$25.00 *down payment* must accompany this form to reserve a place in the course. Complete payment for the course must be made by the first day of classes.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**PLEASE SUBMIT THIS FORM TO MAKE YOUR COURSE  
REGISTRATION COMPLETE.**

**Make Check Payable to: SCUPE**

**Mail Payment to: ALTE PROGRAM  
c/o Instituto Bíblico Ebenezer  
3532 W. North Ave.  
Chicago, IL 60647**

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[For Office Use Only]

Registration approved: \_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date

Date down payment received: \_\_\_\_\_

Date total payment received: \_\_\_\_\_