

**SEMINARY CONSORTIUM FOR
URBAN PASTORAL EDUCATION**

200 N. Michigan Ave., Suite 502
Chicago, IL 60601
Phone: 312-726-1200
Fax: 312-726-0425

COURSE REGISTRATION FORM

NAME: _____ Title: _____

School/Church/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

e-mail: _____ Fax: _____

Course Title: _____

Course Date: _____

Check one: _____ CREDIT * _____ AUDIT *

I am enrolled in a SCUPE member school _____

Have you ever taken a SCUPE course before? _____ No If yes,
when? _____

I am enrolled in an ACTS Institution _____

I am enrolled in another seminary _____

A \$25.00 *Non-Refundable Registration Fee* must accompany this form to reserve a place in the course if you are from a non-member school. Complete payment for the course must be made by the first day of classes.

Your Signature

Date

[For Office Use Only]

Registration approved: _____

Registrar

Date

Date application fee received: _____ Date total payment
received: _____