

**Instructions**

To register for School of Ministry Diploma courses, fill out this form. Save it to your own computer and then send it as an attachment via email to [SoMregistrar@leland.edu](mailto:SoMregistrar@leland.edu). If you have questions, please call the School of Ministry office at (757) 930-3150.

**Date:** \_\_\_\_\_ **Term:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Last 4 digits of SSN:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone (Day):** \_\_\_\_\_ **Phone (Evening):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Registration**

Please indicate the course for which you want to register by filling in the table below. All of the information required can be found on the Leland Web site.

- Go to the **Current Students** tab and click on *Schedule* or *Satellite Locations*.
- Enter a "C" for Credit or an "A" for Audit in the **Credit or Audit Field**.
- If the schedule on the Website indicates "TBD" under *Instructor*, then type TBD in the **Instructor Field**.

Course No.	Course Title	Credit or Audit	Day	Time	Instructor

***Have you applied for, or been approved for scholarship assistance?***

Yes      BGAV Non-Traditional   
 No              Local Site   
                                  Other \_\_\_\_\_

***For Internal Use Only***

Date Received: \_\_\_\_\_      Date Entered: \_\_\_\_\_      Sent to Finance Office: \_\_\_\_\_