TORONTO SCHOOL OF THEOLOGY
READING AND RESEARCH COURSE
REGISTRATION FORM

STUDENT SURNAME	STUDENT FIRST NAME

STUDENT NUMBER: ☐☐☐☐☐☐☐☐☐ SESSION: ☐☐☐☐ - ☐

2000-5 (Summer 2000)
2000-9 (Sept 2000)
2001-1 (Jan 2001)

STUDENT'S COLLEGE (Circle one)	STUDENT'S PROGRAM (Circle One)	
	BASIC	ADVANCED
EM KN RG SA SM TR WY TST	MDiv MRel MRE LTh MTS MAMS MPS Special	ThD DMin PhD ThM MA Special

	Level* (Circle one)	Weight (Circle one)	Session (Circle one)	Professor's College (Circle one)	Professor's Department (Circle one)
TSX	3090 3333 7090	H Y	F S Y	CG EM IS KN RG SA SM TR TS WY	B H P T
TSX	3091 3334 7091	H Y	F S Y	CG EM IS KN RG SA SM TR TS WY	B H P T
TSX	3092 3335 7092	H Y	F S Y	CG EM IS KN RG SA SM TR TS WY	B H P T

* Use 3090 or 7090 unless that number has already been used with the same weight in the same session. Otherwise 3091 or 7091, unless that is also in use. Then 3092 or 7092.

Professor:	
Title of Individual Topic/Thesis: (First 26 characters will be recorded)	
Course Description:	
Requirements:	
Evaluation:	

Student's Signature: _____ Date: _____

Professor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

College Registrar's Signature: _____ Date: _____

Distribution: Student File   Student   Professor   Professor's Department   TST Advanced Degree Office