Gordon-Conwell Theological Seminary—Charlotte
The Carolina Theological Consortium
CROSS REGISTRATION FORM

Instructions: (1) Complete the form in its entirety; print clearly. (2) Have the GCTS Registrar sign the completed form; a copy will be retained by the Registration Office. (3) Obtain the Registrar’s signature from the seminary where the course is being offered. (4) The institution of instruction will keep a copy for their records, the student should keep a copy for his/her records and the original with all signatures must be returned to the GCTS Registration Office to complete the registration process. We will not register the student until the original form, with all signatures, has been submitted.

Please Note: Cross Registration courses will be treated as Module 4 courses. Therefore the student should adhere to the Module 4 academic calendar with regard to registration, add/drop/withdraw, and pass/fail deadlines. Due dates for course work will be determined by the campus where the course is offered. The student is responsible for notifying the Reg. Offices at both campuses (GCTS and the seminary of instruction) in writing if s/he drops/withdraws from this course.

Student’s Name: ________________________________ Date: ________________

ID#: ____________________ Day Phone#: ____________________ Cell#: ____________________

Address: _____________________________________________________________

Email Address: _________________________________________________________

Campus of Instruction: ☐ RTS ☐ CIU ☐ ERSKINE

Course # and Name: ______________________________________________________

Course Instructor: _____________________ Semester/ Acad Yr: ____________________

Credit Hours: ________________ (Only three semester credit hour courses will be approved for cross-registration.)

GCTS degree requirement you intend to satisfy with this course.

____________________________________________________
Signature of Student Date

____________________________________________________
Signature of GCTS Registrar Date

____________________________________________________
Signature of Registrar Where Course is Taught Date