



REQUEST FOR CONSORTIUM CROSS-REGISTRATION

Summary of Consortium Agreement. Degree seeking students at member schools of the Minnesota Consortium of Theological Schools are encouraged to take courses at other member schools. Students are registered on a space-available basis, with priority going to students of the school at which the course is scheduled. Students registering under the consortium agreement pay tuition through the student's home school. Residential courses scheduled in the fall-summer terms are available under this program, subject to policy of the offering school. **Online courses are included at Bethel Seminary, but excluded at the other schools.**

Process. Students wishing to take advantage of this opportunity register through the registrar's office at their home school using this form. The Registrar of the home school sends a letter of permission, along with a completed copy of this form, to the registrar of the consortium school offering the course. The offering school responds confirming space availability, and registers the student for the course at the offering school. The student pays for the coursework at the home school. The student may call the offering school's registrar to inquire about space availability in the course and to confirm that a letter, requesting cross-registration, is being sent. Once the student completes the course and a grade is assigned, the offering school sends an official transcript documenting the grade to the student's home school to be recorded on the student record. See www.mncts.net/Courses.htm for a listing of courses.

NOTE: please refer to your home school's policies regarding registration and the applicability of consortium courses to your degree program.

Student Information

Name: _____ ID #: _____ SSN: _____

Date of Birth: _____ Email: _____ Phone: _____

Address: _____ Home School: _____

Are you graduating this term? Yes No

Consortium School Offering the Course:

_____ **Bethel Seminary**, 2 Pine Tree Dr., St. Paul, MN 55112 Phone: 651.638.6164 Email: caps-sem-gs-registrar@bethel.edu
Mailing address: 3900 Bethel Dr. St. Paul, MN 55112

_____ **Luther Seminary**, 2481 Como Ave., St. Paul, MN 55108 Phone: 651.641.3473 Email: registrar@luthersem.edu

_____ **Saint John's University School of Theology Seminary**, Phone: 320.363.2113 Email: pweishaar@csbsju.edu
Collegeville, MN 56321

_____ **The Saint Paul Seminary School of Divinity, UST**, Phone: 651.962.5770 Email: sheselton@stthomas.edu
2260 Summit Ave., St. Paul, MN 55105

_____ **United Theological Seminary of the Twin Cities**, Phone: 651.633.4311 Email: shastings@unitedseminary.edu
3000 5th St. NW, New Brighton, MN 55112

Course Information

Course Number and Title: _____ Credits _____

Term Course is Offered: _____

Grading Option: _____

Student's Signature: _____ Date: _____

By signing and submitting this form, I give my permission to the school offering the course to send an official transcript to my home school after I have completed the course.

Registrar's use only
Date received, Home School/initials: _____ Date sent/initials: _____
Date received, Offering School/initials: _____ Date sent/initials: _____