



**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 excluded.*

**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 course is complete and a grade assigned, the offering school sends the grade to the student's host school to be recorded on the student record. See [www.mncts.net/Courses.htm](http://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: \_\_\_\_\_ Bethel ID #: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Home School: \_\_\_\_\_

**Course Information**

Consortium School Offering the Course:

\_\_\_\_\_ **Bethel Seminary**, 3949 Bethel Dr., Saint Paul, MN 55112 Phone: 651.638.6181 E-mail: [bssp-registrar@bethel.edu](mailto:bssp-registrar@bethel.edu)

\_\_\_\_\_ **Luther Seminary**, 2481 Como Ave., Saint Paul, MN 55108 Phone: 651.641.3473 Email: [registrar@luthersem.edu](mailto:registrar@luthersem.edu)

\_\_\_\_\_ **Saint John's University School of Theology-Seminary**, Phone: 320.363.2102 Email: [pweishaar@csbsju.edu](mailto:pweishaar@csbsju.edu)  
Collegeville, MN 56321

\_\_\_\_\_ **The Saint Paul Seminary School of Divinity, UST**, Phone: 651.962.5770 Email: [cjcofee@stthomas.edu](mailto:cjcofee@stthomas.edu)  
2260 Summit Ave., Saint Paul, MN 55105

\_\_\_\_\_ **United Theological Seminary of the Twin Cities**, Phone: 651.633.4311 Email: [shastings@unitedseminary.edu](mailto:shastings@unitedseminary.edu)  
3000 5th St. NW, New Brighton, MN 55112

Course Number and Title: \_\_\_\_\_ Credits (sem) \_\_\_\_\_

Term Course is Offered: \_\_\_\_\_

Grading Option: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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