Southern Evangelical Seminary and Bible College

Tentative Schedule - April 28, 2009

SUMMER MODULES 2009

REGISTRATION DUE BY April 1, 2009

Classes meet Mon. - Fri. 6:00 - 10:30 p.m. and Sat. 8:00 a.m. - 4:30 p.m.
Summer Term Begins May 4, 2009 – Ends Aug. 7, 2009.

	WEEK*	COURSE	COURSE NAME	PROFESSOR
1.	May 11 – 16, 2009	AP410/510	Problems in Apologetics: Intelligent Design	W. Dembski
2.	May 18 – 23, 2009	OT403/503	Book Study: Jeremiah	M. Brown
3.	June 1 – 6, 2009	AP410/510	Problems in Apologetics: Presentation Skills & Tactics	F. Turek
4.	June 8 – 13, 2009	PH/AP410/510	Problems in Philosophy: Existence of God	D. Beck
5.	June 15 – 20, 2009	ST306	Theological Issues: The Will of God	D. Beaumont
6.	June 22 – 27, 2009	AP418/518	Resurrection of Jesus	M. Licona

*See SES & BC Student Handbook for specific end of term dates for each individual module.

1. You have to have been admitted to a program as an SES student before you can take any classes. See http://www.ses.edu/Admissions/ApplicationProcess/ApplicationForms/tabid/132/Default.aspx for applications.
2. Completely fill in the section of the registration form below.
3. Complete your choice of courses for the indicated term.
4. Check whether you are taking the course for CREDIT or AUDIT.
5. Detach bottom form and remit to: Registrar's Office, SES, 3000 Tilley Morris Road, Matthews, NC 28105.
6. **NOTE:** A $10 non-refundable registration fee *per course* (if submitted by April 1) must accompany this form. A $25 non-refundable late registration fee *per course* (if submitted after April 1) must accompany this form. Late registration fee does not apply to new students.
7. **NOTE:** Tuition payment and textbook purchases are due on or before the first day of each class.

SOUTHERN EVANGELICAL SEMINARY
Class Registration Form Summer 2009

Name: _____ I.D.# _____ Date: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Program: ☐ Audit ☐ Non-degree Credit (U) or (G) ☐ Degree _____ ☐ Visiting Student from _____ (Seminary)

COURSE	COURSE NAME	PROFESSOR	CREDIT	AUDIT	
1.			☐	☐	**Registration Fee For Each Class Must Be Submitted With This Form**
2.			☐	☐	
3.			☐	☐	
4.			☐	☐	
5.			☐	☐	

Student's Signature (Required): _____

Office Use Only

Registrar: Date rec'd: ☐ recorded	**Business Office:** Date rec'd	Rec't # ☐ recorded
Reg. fee: N ☐ Y ☐ ☐ Cash Cash Amount $	☐ Check #	Check Amount $