



Toronto Baptist Seminary & Bible College
 130 Gerrard Street East
 Toronto, Ontario, Canada
 M5A 3T4

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EXTENSION/NIGHT SCHOOL COURSE REGISTRATION

Please complete as fully as possible. These records are kept in the Registrar's office. This form requires Acrobat Reader 8 in order to be submitted online.*

STUDENT INFORMATION

Mr.	Family Name	First Name	Middle Name
Mrs.			
Miss	Address		
Ms.			
City	Prov./State	Postal Code	
Telephone	Email	Marital Status	
Today's Date	Birth Date	Age	Sex
MM/DD/YY	MM/DD/YY		Male Female
Occupation			Single Married Divorced Separated Widowed

EDUCATIONAL BACKGROUND

High School	Start Date	Finish Date	Highest grade level completed
	MM/YY	MM/YY	
College/University	Start Date	Finish Date	Degree/Diploma
	MM/YY	MM/YY	
Bible Institute/College	Start Date	Finish Date	Degree/Diploma
	MM/YY	MM/YY	
Seminary/Other	Start Date	Finish Date	Degree/Diploma
	MM/YY	MM/YY	
What church are you presently attending?		Are you a member?	Yes No

COURSE DESCRIPTION *Please indicate which course(s) you wish to take.*

Course Name	Level of Study	Tuition
	Audit Undergrad. Graduate	
Course Name	Level of Study	Tuition
	Audit Undergrad. Graduate	
Course Name	Level of Study	Tuition
	Audit Undergrad. Graduate	
Course Notes/Texts		Texts/Notes
		TOTAL
Why do you wish to study at Toronto Baptist Seminary?		

By submitting this form, I attest that the information provided herein is, to the best of my knowledge, complete and accurate.

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 Webmail users: Save this completed form on your computer and email to inquiry@tbs.edu
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