



# OBLATE SCHOOL OF THEOLOGY

285 Oblate Drive. San Antonio, TX 78216-6693

210-341-1366 www.ost.edu

## REGISTRATION FORM Enrichment Courses

YEAR: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

**Full Name** \_\_\_\_\_

Please PRINT

Last (Family)

Title

First

Nickname

**Address** \_\_\_\_\_

Number & Street

City

Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-Mail Address

***Register for Class(es):***

Course Number	Course Title	Instructor

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**SUBMIT THIS FORM TO THE REGISTRAR AT OBLATE SCHOOL**

**Payment is due at time of registration.**