



LUTHERAN SCHOOL *of* THEOLOGY *at* CHICAGO

Mandatory Advisor/Student Course Planner

Year _____

Please indicate below the courses you propose to take during the coming academic year. This is not an official registration, but is for planning purposes.

This form may be printed or filled out electronically, "saved as" with your name added to the filename, and emailed. To complete this form electronically, please use only the free Adobe Reader at www.adobe.com/products/reader.html. Please leave one copy with your advisor, keep one for yourself, and send one to the registrar: pbartley@lstc.edu

Course Number	Course Title	Instructor
FALL		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
J-TERM		
_____	_____	_____
SPRING		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
MAYMESTER		
_____	_____	_____

Your Name _____

Advisor _____