

Course Registration Worksheet
Transformation Learning Center

Quarter/year _____ Last Name _____ First Name _____ Address _____ Phone _____

Course No.	Course Name	Location	Day/time	Instructor

Do not write below this line - Official Church use only

Total Tuition Amount Due: _____

Total Tuition Amount Paid _____

Student Name _____

Cash Check Check # _____

Date Received _____

Signature of Recipient _____