

Faculty of Theology • Huron University College
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Application for Licentiate in Theology (LTh) Courses

Please return this form to Huron by mail, fax, or email (details above). I am interested in taking the courses listed below: toward the LTh no			not toward the LTh (at this time)
Personal Inf	o:		
Surname:		Given Names:	
male	female		
Mailing Add	ress & Contact Info:		
Street or PO	Box:		
City, Province	e, Postal Code:		
Telephone: Day		Evening	
Email addres	s:		
Please Regis	ster Me in the Following Course(s): (co	ourses at other schools are i	registered, and paid for, at that school)
Cours	se name		Course cost
1.			\$
2.			\$
3.			\$
4.			\$
during the co and you may	er and pay by cheque or credit card at le ourse or during the two weeks before the use this amount toward a future LTh col ad we will refund your course fee.	course begins, we will cre	edit your account with the course fee,
l am payi	ing by cheque in the amount of \$	mad	le out to Huron University College.
l am pay	ring by credit card. Amount to charge: \$		
Name or	n card:		
Credit ca	ard number:		Expiry:
Signatur	e:		Date: