California Lutheran
UNIVERSITY

p|t s
PACIFIC LUTHERAN THEOLOGICAL SEMINARY

Course Add Form

Name: _____

Student ID: _____

Term (Semester/Year)**:** _____

Deadline: All course adjustments must be completed before the end of the second week of the term.

Course Code	Course Title	Credits

My signature below indicates that I accept financial responsibility for all charges and fees as a result of enrollment at PLTS of California Lutheran University per the university catalog, including interest which accrues at the rate of 1.25%.

_____   _____
(Signature)   (Date)