



# Clergy Training Program

## Course Registration Form

*In Conjunction with:*  
**St. Athanasius Academy  
of  
Orthodox Theology**

Note: To register, complete this form and follow the instructions below.

Date: \_\_\_\_\_ Local Bishop: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: month /day /year Last 4 digits of SSN: N/A

Street Address: \_\_\_\_\_ How long have you been at this address?: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Last grade of education completed: \_\_\_\_\_

Email: \_\_\_\_\_ Program: Clergy Training Diploma Program

Check the box below for the course for which you wish to register, then calculate the total for tuition and books.



Series No.	Series Description	No. of Courses	Credits	<input checked="" type="checkbox"/>	Tuition	Books
CS: Series 1	In the Beginning	3	6	X	\$225.00	\$0.00
CHST: Series 2	Salvation and Spiritual Growth	5	15		\$1,000.00	\$100.00
CLTS: Series 3	Introduction to the History of Christian Liturgy	3	9		\$900.00	\$250.00
SS: Series 4	Specialized Study	2	15		\$1,250.00	\$180.00
IS: Series 5	Independent Study	2	15		\$620.00	\$60.00
<b>Totals Each Category</b> →					\$225.00	\$0.00
<b>Grand Total</b> →					\$225.00	

Once you are finished filling out the application, save it as a PDF document on your computer, then attach it to an email and send it to :  
Bp. Joshua Beecham, [seminarian2@gmail.com](mailto:seminarian2@gmail.com). Bp. Joshua will forward the information to St. Athanasius Academy.

- > At least half of your cost of the tuition and books is due at the time of application. No application will be processed until that money is received.
- > If only half of the tuition and books is paid at application, the balance is due at the half-way point in the course material.
- > You can pay via Western Union, or MoneyGram. Payment is made to the EOC central fund, then the EOC treasurer will send payment to SAAOT.
- > Once application and payment have been received by SAAOT, the Director of Coorespondence Studies, Paul Goetz, will contact the you.

Type in your name to sign this agreement:      Student: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Bishop: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**      Date Received: \_\_\_\_\_      Date Entered: \_\_\_\_\_      Date Sent to SAAOT: \_\_\_\_\_