



FAREL

FACULTÉ DE THÉOLOGIE RÉFORMÉE
REFORMED THEOLOGICAL SEMINARY

3407- A av. du Musée
Montréal, Qc., H3G 2C6

Part-time Student Application

Personal Information

Last name: _____ First name: _____

Address: _____

Postal code: _____

Telephone: (____) _____

Course Information

Course number and title: _____

Professor: _____

Circle one: Audit Credit

Course number and title: _____

Professor: _____

Circle one: Audit Credit

(list additional courses if necessary)

Date: _____

Signature: _____

(See our website, www.farel.net, for further information on billing, registration changes, etc.)