



TEEM Online Course Registration Form

Online Course Title(s) _____

Name (First/Middle/Last) _____

Current Mailing Address _____

City, State, Zip _____

Daytime Phone _____ Email Address _____

Please indicate the type of credit you wish to earn:

_____ *Certificate Credit* (successful completion of 40+ hours of coursework, including course reading, discussion board postings & a final paper)—\$225/course

_____ *Continuing Education Units/Credits* (successful completion of 30 hours of coursework, including course reading & discussion board postings)—\$225/course

_____ I am not interested in earning credit. —\$225/course

_____ I am taking this course for TEEM certification credit (**Tuition plus —\$100 online access surcharge/course)

_____ I am taking this course for dual TEEM certificate and WTS Independent Study credit for potential application to a future WTS Masters of Divinity degree. (**Tuition plus \$100 online access surcharge/course)

Tuition & Method of Payment:

The cost for individuals taking a course for certificate credit, continuing education credit or no credit/lifelong learning is **\$225/course** (*Courses taken during the 2009-2010 academic term.*)

****The cost for individuals taking an online course for TEEM certification credit is \$695/course.**

Please note these fees apply to courses taken during the 2009-2010 academic year and include the \$100 online access fee implemented in the fall of 2008 to off-set the expense of providing online courses. 2008-2009 academic year locked in tuition is \$555/course (+\$100 for online course access fee), 2007-2008 academic year locked in tuition is \$505/course (+\$100 for online course access fee) and TEEM candidates prior to July 1, 2007 continue to pay tuition at a rate of \$470/course (+\$100 for online course access fee.)

_____ **Check** (Checks should be made payable to *Wartburg Theological Seminary*)

_____ **Credit Card** (Visa, MasterCard, American Express, or Discover)

Cardholder's Name _____

Cardholder's Address (if different from above) _____

Card Type _____ Credit Card # _____ Expiration Date _____

Please mail completed form to: **TEEM, Wartburg Theological Seminary,
P.O. Box 5004, Dubuque, IA 52004-5004**