Please print plainly in the dark or black ink
Form 425 – Course Request Card
Registrar's Office, Oklahoma Baptist Univerisity

STUDENT NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME	SEMESTER	DATE
				FALL 20 _____	

CO/PIKE'S PEAK MINISTRY TRAINING INSTITUTE

I CERTIFY THAT MY COURSE REQUESTS ARE ACCURATLEY LISTED HEREON

STUDENT'S SIGNATURE DATE

COURSE STATUS (CRSE STAT) LEAVE **BLANK** IF TAKING COURSE FOR **LETTER GRADE**

3 – AUDIT A – ARRANGED R - REPEAT

INDEX	DEPARTMENT	COURSE NUMBER	SEC	CRSE STAT	TITLE	HOURS CREDIT

IS THIS YOUR FIRST ENROLLMENT IN OBU COURSES? ☐ YES ☐ NO

ARE YOU ENROLLED ON COMPUS OR IN ANOTHER MINISTRY TRAING INSTITUTE THIS SEMESTER? ☐ YES ☐ NO

FOR OFFICE USE ONLY	REGISTRAR	DATE	ENROLLMENT NUMBER	TOTAL