

Legal Name:Last		First	Middle
Address:			
City, State, Zip:			
Email:	Telephone:		
Name of Course:	Term/Year:		
College/University* currer	ntly attending:		
through my school of record courses offered through Ili	rd, not through Iliff. I u ff's course provider pr	understand that this agreem ogram. I understand that ea	not a student of Iliff, but am a student of my transcript requests, etc. will all be handled ent can only be applied to the designated ich course can only be taken for a letter out a Course Provider Agreement for each
Signature		Da	te
(ATS)-accredited, graduate Student. Please contact <u>admis</u>	-level institution. All otl ssions@iliff.edu or 720-7	her students interested in takir 744-2656 for more information	at an Association of Theological Schools ag Iliff courses can apply as a Non-Degree a on the Non-Degree process. other Authorized School Official
\Box I certify that the student	t listed above is current		gram at our College/University and that the
			g the course at the current rate of our m: Semester or Quarter
□ I agree that our College Theology.	/University will accept	t the grade and credits for the	he course taught by the Iliff School of
Official's Name:			
Title:			
Email:	Phone:		
School Address:			
City, State, Zip:			
Deadlines for each quarte		Spring: February 15	Summer: <u>April 30</u>
Return form to: Iliff School of Theology, C 303-765-3105 phone •			ver, CO 80210 <u>f.edu</u> • <u>www.iliff.edu</u>