



## Southeastern Theological Seminary

8702 Eden Valley Lane - Dallas, TX 75217  
Tel: (469) 440-9296 - Email: [info@stsdallas.org](mailto:info@stsdallas.org)

### Correspondence Course Study

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Course Title and Number Reason for externally directed course:  
\_\_\_\_\_

Certificate/Diploma \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ other \_\_\_\_\_

Date course is to be started \_\_\_\_\_ Date course work to be completed: \_\_\_\_\_

Amount attached to cover tuition: \$ \_\_\_\_\_ Amount paid by check \_\_\_\_\_ Check # \_\_\_\_\_  
or cash \$ \_\_\_\_\_

#### Additional student comments:

\_\_\_\_\_  
\_\_\_\_\_

#### INFORMATION BELOW THIS LINE FOR OFFICE USE ONLY

Request received by: \_\_\_\_\_

Request approved by: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Date materials were sent to or picked up by student: \_\_\_\_\_

Date course requirements were met: \_\_\_\_\_ Final course grade: \_\_\_\_\_

Final course grade issued by: \_\_\_\_\_ Date Home Office notified: \_\_\_\_\_

Additional advisor comments: \_\_\_\_\_

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