

# Word of Life School of Ministry

## Fall Registration Form 2009/2010

### Additional Course

*Check your selection*

Audit <input type="checkbox"/>  Credit <input type="checkbox"/>	<p><b>THE102 New Creation Realities</b> <span style="float: right;"><b>(1 credit)</b></span></p> <p><b>Instructor :</b> Rev. Robert McGuire</p> <p><b>Textbook:</b> <u>Victory Over Darkness</u>, Neil T. Anderson*</p> <p><b>Course Description:</b> A study of what it means to be a new creature in Christ Jesus. Subject includes substitution and identification with Jesus, the integrity of the Word, the present day ministry of Jesus, and the fruits of righteousness.</p> <p><b>*Students who are taking this course for credit are required to read the Textbook before November 6, 2009. Textbooks are available in the WOL Bookstore.</b></p>	<p><b>Friday, November 6, 2009</b>  <b>7 – 9 PM</b>  <b>&amp;</b>  <b>Saturday, November 7, 2009</b>  <b>9:30 AM – 4:00 PM</b></p> <p style="color: red;"><b>Lunch provided at cost**</b></p>
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#### Financial Information:

**For Audit:**

- There is **no audit fee** required for this course.
- \*\*The cost of lunch is \$5 and must be paid by November 3, 2009.**

**For Credit:**

- Tuition fees for full time and part time students are listed in the student manual on page 20.
- I am a WOLSM student.
- I am a new student.
- \*\*The cost of lunch is \$5 and must be paid by November 3, 2009.**

**Last day of registration: November 1, 2009.**

For additional questions call the office: Tuesday-Friday, 10:00AM - 3:30PM at (302) 453-2575 or e-mail at [registration@wolsm.com](mailto:registration@wolsm.com)

Name \_\_\_\_\_ Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (A.M.) \_\_\_\_\_ (P.M.) \_\_\_\_\_

E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Word of Life School of Ministry does not discriminate either in its hiring practices, enrollment procedures, or administrative policies, against any person on the basis of age, sex, race, color, national origin, or physical disability.*

