

# REGISTRATION COLLEGE OF COMMISSIONER SCIENCE

Saturday, November 23, 2002

(PLEASE TYPE OR PRINT)

NAME: \_\_\_\_\_ COUNCIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ DISTRICT \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

MY PRIMARY REGISTRATION IS:  Roundtable  Unit  District  ADC Other \_\_\_\_\_  
(CHECK ONE)

I hereby apply for admission to the College of Commissioner Science in the program (Checked Below):

COMMISSIONER'S BASIC TRAINING:

ROUNDTABLE CONFERENCE: I am willing to make a presentation on \_\_\_\_\_ (topic)

BACHELORS DEGREE CANDIDATE:

I completed COMMISSIONER'S BASIC TRAINING on (date) \_\_\_\_\_ in the \_\_\_\_\_ DISTRICT of the \_\_\_\_\_ COUNCIL.

I am selecting the following two courses as my electives: # \_\_\_\_\_ & # \_\_\_\_\_

MASTERS DEGREE CANDIDATE:

I received my BACHELORS OF COMMISSIONER SCIENCE DEGREE on (date) \_\_\_\_\_ in the \_\_\_\_\_ COUNCIL.

I am selecting the following two courses as my electives: # \_\_\_\_\_ & # \_\_\_\_\_

DOCTORS DEGREE CANDIDATE:

I received my MASTERS OF COMMISSIONER SCIENCE DEGREE on (date) \_\_\_\_\_ in the \_\_\_\_\_ COUNCIL. I am selecting the following course as my elective: # \_\_\_\_\_

ADVANCED STUDIES CANDIDATE:

I received my MASTERS OF COMMISSIONER SCIENCE DEGREE on (date) \_\_\_\_\_ in the \_\_\_\_\_ COUNCIL **OR** my DOCTORS OF COMMISSIONER SCIENCE DEGREE on (date) \_\_\_\_\_ in the \_\_\_\_\_ COUNCIL

**All Registration fees include a box lunch**

|                                   |          |                                      |
|-----------------------------------|----------|--------------------------------------|
| Degree Registration Fee \$20.00   | \$ _____ | (After November 1, 2002 Add \$10.00) |
| Roundtable Conference Fee \$20.00 | \$ _____ | (After November 1, 2002 Add \$10.00) |
| ½ Day Course Audit Fee \$12.00    | \$ _____ | (After November 1, 2002 Add \$6.00)  |
| Commissioner Basic Fee \$12.00    | \$ _____ | (After November 1, 2002 Add \$6.00)  |
| Staff only Fee \$12.00            | \$ _____ |                                      |
| Add Appropriate Late fee          | \$ _____ |                                      |
| TOTAL ENCLOSED                    | \$ _____ |                                      |

**You will receive your class schedule when you check in Saturday morning.**

Please make check payable to Viking Council, BSA & mail with application to:

CODE: 050

Rita Johnson, CCS  
Viking Council, BSA  
5300 Glenwood Avenue  
Minneapolis, MN 55422

Visit our Website at [www.vikingbsa.org](http://www.vikingbsa.org)

Questions: Kirk Heimstead  
Viking Council  
763-545-4550 ext. 1161