

REGISTRATION
COLLEGE OF COMMISSIONER SCIENCE
 Saturday, November 20, 1999
 Viking Council (www.vikingbsa.org)
 (PLEASE TYPE OR PRINT)

NAME: _____ Email: _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE () _____ COUNCIL _____ DISTRICT _____

MY PRIMARY REGISTRATION IS: _____

I AM (CHECK ONE) COMMISSIONER

☐ Roundtable

☐ Unit

☐ District

☐ ADC

☐ Other

I hereby apply for admission to the Viking Council College of Commissioner Science in the following program (please circle only one): Cont. ED. BACHELORS MASTERS DOCTORS

FOR BACHELORS DEGREE CANDIDATES (only):

Candidates for the degree of Bachelor of Commissioner Science must have completed Commissioners Basic Training, Youth Protection Training and complete 7 hours of instruction.

I completed COMMISSIONERS BASIC TRAINING on (date) _____ in the _____ DISTRICT of the _____ COUNCIL.

FOR MASTERS DEGREE CANDIDATES (only):

Candidates for the degree of Master of Commissioner Science must have earned a Bachelors degree in Commissioner Science and complete 7 hours of instruction.

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

FOR DOCTORS DEGREE CANDIDATES (only):

Candidates must have earned a Masters degree in Commissioner Science and completed a thesis or project that is approved by the Doctoral Committee.

I received my MASTERS OF COMMISSIONER SCIENCE DEGREE on (date) _____ in the _____ COUNCIL.

Registration fee includes box lunch on Saturday

Registration fee \$20.00 \$ _____

Late fee \$10.00 \$ _____ (after November 1, 1999 total of \$30.00)

TOTAL ENCLOSED \$ _____

Please make check payable to Viking Council, BSA and forward application to:

Rita Johnson, College of Commissioner Science
 Viking Council, BSA
 5300 Glenwood Avenue
 Minneapolis, MN 55422

CODE: 050

District Commissioner Approval/Date