

REGISTRATION FORM



Name: <i>First</i>			<i>Middle initial</i>	<i>Last</i>	SSN:	Date of birth:
Local street address: <input type="checkbox"/> <i>Check if new address</i>						
City:				State:	Zip code:	
Cell Phone:		Home phone:		Other phone: <input type="checkbox"/> <i>Check if a work phone</i>		
Email address:				Employer (as appropriate):		
Emergency contact person:				Relationship:	Best Phone number:	
Name of current church or congregation (as a member or minister):						
Denomination:			If PC(USA), which Presbytery:			
If your church or congregation is non-denominational, check here <input type="checkbox"/> If you do not currently have a church or congregation, check here <input type="checkbox"/>						
If you identify with a non-Christian tradition, describe as appropriate:						
Degree program:			Non-degree:	Expected credit hours	Projected graduation date:	
<input type="checkbox"/> MDiv	<input type="checkbox"/> MAMFT	<input type="checkbox"/> Dual	<input type="checkbox"/> Audit	earned by end of	<input type="checkbox"/> May <input type="checkbox"/> December	
<input type="checkbox"/> MAR	<input type="checkbox"/> DMin	<input type="checkbox"/> Non-degree	<input type="checkbox"/> Credit	current term:	Year:	

SUMMER 2020		
<i>Course No.</i>	<i>Course Name</i>	<i>Cr. Hrs.</i>
Total credit hours:		

FALL 2020		
<i>Course No.</i>	<i>Course Name</i>	<i>Cr. Hrs.</i>
Total credit hours:		

Student's Signature

Advisor's Signature