REGISTRATION FOR CLASSES Master's Degree Programs

Middle Initial:

First Name:



This form is a fillable PDF that can be downloaded. During or after consultation with your faculty advisor, please complete this fillable PDF and return to your advisor. Your advisor will return this form to the Registrar.

Please complete and submit this registration form to your advisor by April 18, 2022.

Last Name:

Local Street Address: Check if new address.								
City:		State:			Zip Code:			
Cell Phone: Home Phone:		Other Phone: Check if work phone.						
Email Address:					Employer:			
Emergency Contact Person:			Relationship: Phone Number					
Name of current church or congregation (as a member or minister):								
Denomination: If PC(USA) which Presbytery:								
Check here if your church/congregation is non-denominational					Check here if you do not currently have a church/congregation			
If you identify with a non-Christian tradition, describe as appropriate:								
					Projected Graduation Date Month/Year:			
SUMMER AND FALL 2022								
Course No.	Course Name							Credit Hours
						ADED:= 1:0		
TOTAL CREDIT HOURS:								