

REGISTRATION FORM



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|---|--|--|--|---|--|
| Name: <i>First</i> <i>Middle Initial</i> <i>Last</i> | | | SSN: | LPTS box number: | |
| Emergency contact person: | | | Relationship: | Phone number: | |
| Presbytery (if Presbyterian): <input type="checkbox"/> <i>check if new address</i> | | | | | |
| Local street address: | | | | | |
| City: | | State: | Zip Code: | | |
| Home (local) phone: | | Cell phone: | Work phone: | | |
| E-mail address: | | | Date of birth: | Birth city/state: | |
| Denomination: <input type="checkbox"/> AME <input type="checkbox"/> Catholic <input type="checkbox"/> Episcopalian <input type="checkbox"/> United Church of Christ <input type="checkbox"/> AME-Zion <input type="checkbox"/> CME <input type="checkbox"/> Non-denominational <input type="checkbox"/> United Methodist <input type="checkbox"/> Baptist <input type="checkbox"/> Christian Church <input type="checkbox"/> PC (U.S.A.) <input type="checkbox"/> Other (<i>specify</i>): _____ | | | | | |
| Degree Program: <input type="checkbox"/> M.Div <input type="checkbox"/> MAMFT <input type="checkbox"/> Dual <input type="checkbox"/> MAR <input type="checkbox"/> D.Min <input type="checkbox"/> Th.M. <input type="checkbox"/> Non-degree | | Non-degree: <input type="checkbox"/> Audit <input type="checkbox"/> Credit | Projected grad. date: <input type="checkbox"/> May <input type="checkbox"/> December Year: | Student level: <input type="checkbox"/> Junior <input type="checkbox"/> Middler <input type="checkbox"/> Senior | |

| JANUARY 2011 | | |
|---------------------|-------------|----------|
| Course No. | Course Name | Cr. Hrs. |
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| | | |
| | | |
| Total credit hours: | | |

| SPRING 2011 | | |
|---------------------|-------------|----------|
| Course | Course Name | Cr. Hrs. |
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| | | |
| | | |
| Total credit hours: | | |

Student's Signature

Advisor's Signature