

REGISTRATION FORM



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 2010		
Course No.	Course Name	Cr. Hrs.
Total credit hours:		

SPRING 2010		
Course	Course Name	Cr. Hrs.
Total credit hours:		

Student's Signature

Advisor's Signature