Distribution:
- ❑ RWC Registration (original)
- ❑ Student File
- ❑ NES Academic Support
- ❑ Student Mail Folder

Northeastern Seminary

Part-Time Registration Form

Term: _____ Year: 20___

❑ Part-Time ❑ Audit

Student ID #: 777- - **Birth Date** _____ **Marital Status** _____

Name _____
Last **First** **MI**

Address _____

_____
City **State** **Zip** **County**

E-Mail Address _____

Country of Citizenship (if non-US) _____

Home Phone _____

Work Phone _____

Employer _____

Church Preference _____

Date of Registration _____

Sex: ❑ M ❑ F

Ethnic origin (required by federal law):

1. **Are you Hispanic or Latino of any race (this includes Spanish and other Spanish origins)?** ❑ Yes ❑ No

2. **In addition, please check one or more of the following options that you identify with:**
   - ❑ American Indian or Alaskan Native
   - ❑ Asian
   - ❑ Black or African American
   - ❑ Native Hawaiian or other Pacific Islander
   - ❑ White

Degree Program:

- ❑ Master of Arts in Theological Studies
- ❑ **None**
- ❑ Master of Divinity
- ❑ D.Min.
- ❑ Master of Divinity / Master of Social Work
- ❑ M.A./MSW

For Office Use Only

COURSE ID & SECTION	COURSE TITLE	CREDITS	BEGINNING DATES	DAY & TIME	BLDG & ROOM

I understand I will be registered for all of the above courses. I will notify NES (585-594-6800) of any change prior to the first night of a scheduled class. It is my responsibility to ensure any changes are processed in the prescribed times or I will incur a financial obligation once class begins whether I attend or not. Any delinquent unpaid balance may be assigned to a collection agency, and associated collection costs (minimally 33 1/3%) will be added to the outstanding balance.

Student's Signature _____ Date_____

Advisor's Signature _____ Date_____

Return completed form to: Admissions Office Northeastern Seminary 2265 Westside Drive Rochester, NY 14624-1997