NORTHEASTERN SEMINARY

Registration Form

Semester:_____Year:_____

Distribution:
- ❑ Registration (Email)
- ❑ Student File (Original)
- ❑ Student Copy (Email)
- ❑ NES Academic Support (Copy)

Student ID #: __777-_____

Name _____
Last First MI

Address_____

_____
City State Zip County

E-Mail Address_____

Home/Cell Phone_____

Work Phone_____

Employer_____

Church Preference_____

Country of Citizenship_____

Date of Registration _____

Cohort # _____ **Birth Date**_____

PART TIME_____ **Audit** _____ **(instructor sig req'd below)**

Sex: θ M θ F **Marital Status**_____

Ethnic Origin: (Federal Categories)
θ Amer. Indian/Alaskan θ Hispanic
θ Asian/Pacific Islander θ Black Non-Hispanic
θ White Non-Hispanic θ Other _____

Degree Program:
θ Master of Arts Theological Studies
θ Master of Arts in Transformational Leadership
θ Master of Arts in Theology & Social Justice
θ Master of Divinity
θ Master of Divinity / Master of Social Work
θ Master of Arts / Master of Social Work

For Office Use Only:

International students are responsible for maintaining their immigration status and following all U.S. immigration regulations, including (but not limited to) attending classes full-time and working off campus only with authorization.

COURSE ID #	SECT/ LOC	COURSE TITLE	TERM	CREDITS	DATES	DAY & TIME	BUILD. & 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. I understand that registering for less than 9 credits (full-time) makes me ineligible for institutional financial aid and registering for less than 4.5 credits (part-time) makes me ineligible for federal aid/loans.

Student's Signature_____ Date_____

Instructor's Signature (for audits only)_____ Date_____

Academic Planning Coordinator's Signature _____ Date_____

Return to: **Northeastern Seminary, Academic Services - Room 306**
2265 Westside Drive
Rochester, NY 14624-1997
FAX: 585.594.6801