

VISITING STUDENT ENTRY FORM

STEP 1

Personal First _____ Middle _____ Last _____ Former name _____

Birth date _____ Citizenship: United States Permanent Resident Other (_____)

Social security number _____

Contact Information

Street Address _____

City _____ State _____ Zip Code _____

Email address _____

Phone Number _____ Home Mobile Work

STEP 2

Academic History

Bachelor's degree earned: Institution _____ Date: _____

Associate's degree earned: Institution _____ Date: _____

No degree beyond high school (enrollment limited for this academic level)

Church affiliation

Church Name: _____

Church address _____

The following information is requested for statistical purposes only to develop summary data of participants this program.

Personal Demographics

Gender: _____

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

In addition, please check one or more of the following options that you identify with:

American Indian / Alaskan Native Asian Black / African American Native Hawaiian / other Pacific Islander White

STEP 3

Rooted in biblical and historic Christian faith, Northeastern Seminary prepares Christ-centered men and women for faithful, effective ministry to the church and the world. Northeastern Seminary seeks students whose personal lives are characterized by personal integrity and a devotion to high academic and ethical standards. Northeastern Seminary enrolls students in accordance with all state and federal non-discrimination laws.

The information supplied in this application is complete and correct to the best of my knowledge. If enrolled, I agree to abide by the standards and expectations of the Seminary while on campus or involved in Seminary-related activities.

Do you agree? Yes, I agree No, I do not agree

Signature _____ Date _____

VISITING STUDENT REGISTRATION FORM

 Student ID #: 777-_____

Name _____

Last	First	MI
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 Address _____

City	State	Zip	County
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Email Address _____

Home/Cell Phone _____

Work Phone _____

Employer _____

Church Preference _____

Country of Citizenship _____

Distribution:

- Registration (Email)
- Student File (Docuware)
- Student Copy (Email)
- Academic Support (Copy)

Date of Registration _____

Cohort # _____ Birth Date _____

PART TIME _____ Audit _____

 Sex: M F Marital Status _____

Ethnic Origin: (Federal Categories)

- | | |
|---|---|
| <input type="checkbox"/> Amer. Indian/Alaskan | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black Non-Hispanic |
| <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Other _____ |

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 Northeastern Seminary (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, Admissions Office**
 2265 Westside Drive
 Rochester, NY 14624-1997
 FAX: 585.594.6801

VISITING STUDENT PAYMENT FORM

This payment secures my enrollment as a student at Northeastern Seminary. I understand that my payment is credited toward my student account and is non-refundable.

Name: _____ Phone: _____

(Please clearly print your first and last name)

Street Address: _____ Zip Code: _____

I am submitting:

- \$150 audit payment in full
- \$100 deposit (single class for credit)

I am paying by:

- Check # _____ (make checks payable to Northeastern Seminary)
- Money order (made out to Northeastern Seminary)
- Cash (hand deliver to Admissions Office; please do not send cash through the mail)
- Credit card: MasterCard Visa

Card #: _____ 3-digit# _____ Expiry Date _____

Student Signature: _____ **Date:** _____

Return completed form to: Northeastern Seminary
2265 Westside Drive
Rochester, NY 14624-1997
(583) 594-6800

Office Use Only:

Student ID# 777-_____ - _____