

# Taylor Seminary **REGISTRATION – Spring Session 2010**

Please print and complete in full:



Name \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_

Please  box if your address has changed      Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number: Home (    ) \_\_\_\_\_ Cell \_\_\_\_\_ Work (    ) \_\_\_\_\_

Email \_\_\_\_\_ My Faculty Advisor is \_\_\_\_\_

Please  box if your email has changed

Denominational affiliation \_\_\_\_\_ **(Be specific, e.g., NAB, BUWC not Baptist)**

Please  box if you have changed denominations.

I attend \_\_\_\_\_ Church Phone: (    ) \_\_\_\_\_ I am a member:  Yes  No

The last time I attended Taylor Seminary was (give semester and year) \_\_\_\_\_

Program:       MDiv, G     MDiv, IM     MDiv, PC     MDiv, PCC     MDiv, PL     MDiv, SF  
 MDiv, YM     MTS             MA in ICS     MA in ICS, TESOL     DCS     DIS

Non-program:  Unclassified (includes students who have applied but not yet accepted into a program)

Course No.	Course Title	Credit Hours	Audit Hours	Office Use
Total credits				
Expected year of graduation _____				

**For Office use only:**

Approved by \_\_\_\_\_, Faculty

Waive registration fee \_\_\_\_\_

Tuition Deposit (\$200) received \_\_\_\_\_