

Taylor Seminary **REGISTRATION – Fall Semester 2009**



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, BGC but not just 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:

1) Approved by _____, Faculty Advisor

Waive registration fee _____

2) Approved by _____, Academic Dean
 (if taking more than 17 credits in the Fall Semester)

Tuition Deposit (\$200) received _____