Taylor Seminary **REGISTRATION – Winter Semester 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:

1) Approved by _____, Faculty Advisor

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

❑ Waive registration fee_____

❑ Tuition Deposit ($200) received _____

REVISED July 20, 2009