

# NEW YORK THEOLOGICAL SEMINARY

...continuing *The Biblical Seminary in New York*

## CASAC REGISTRATION FORM

As of: 01.10.17

Please check appropriate box:  Current NYTS Student  Non-NYTS Student  NYTS Graduate

**NEW NON-NYTS Students:** Please fill out this form completely and submit a current color passport size photograph.

**Current NYTS & ALL Returning Students:**

Please fill out Name; Student ID#; Registration Date & Term; check off courses you are registering for; sign & date. Please update any other information that may have changed such as address, email, phone, etc., **(otherwise leave blank)**

**Please PRINT or type:** I.D. #: \_\_\_\_\_ Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Number at bottom of ID card) Month Date Year

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_  
Month Date Year

Student's Name (as it should appear on all official records): \_\_\_\_\_ Check off Registration Term:  Summer  Fall  Winter  Spring  
Year: 20 \_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

Tel: \_\_\_\_\_  
Home Business Cell

E-Mail Address (Required): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Student's Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apt # City State Zip

Telephone: \_\_\_\_\_ E-Mail (Required): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: Cash: \_\_\_\_\_

Check #: \_\_\_\_\_ Money Order #: \_\_\_\_\_

Charge to:  
Visa \_\_\_\_ MC \_\_\_\_ Discover \_\_\_\_ Exp. Date: \_\_\_\_\_

Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### REGISTRATION

Please check off Course/s you are registering for:

\_\_\_\_ CAS0010: Basic Knowledge 1

\_\_\_\_ CAS0020: Basic Knowledge 2

\_\_\_\_ CAS0030: Individual Counseling

\_\_\_\_ CAS0040: Group Counseling

\_\_\_\_ CAS0050: Special Populations

\_\_\_\_ CAS0060: Assessment & Evaluation

\_\_\_\_ CAS0070: Treatment Planning

\_\_\_\_ CAS0080: Professional Ethics

Approvals: CASAC Official: \_\_\_\_\_

Business Office: \_\_\_\_\_

Registrar's Office: \_\_\_\_\_

Notes: \_\_\_\_\_