

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

CPE REGISTRATION FORM

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

New Students: Please fill out this form completely and submit a current color passport size photograph.

Returning Students: Please fill out Registration Date, Name, Student ID #, check off courses you are registering for, and sign;
Please update any other information that may have changed such as address, email, phone, etc., otherwise, leave blank.

PLEASE PRINT OR TYPE

Registration Date: ____/____/____
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): Student I.D. #: _____
(Number at bottom of ID card)

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: Check #: _____ Money Order #: _____ Cash: _____

Charge to: Visa ____ MC ____ Am Express ____ Discover ____ Exp. Date: _____ Card #: _____

Name on Card: _____ Cardholder Signature: _____

Please check off Course (es) you are registering for:
____ CPE 1010 CPE Unit 1
____ CPE 2010 CPE Unit 2
____ CPE 3010 CPE Unit 3
____ CPE 4010 CPE Unit 4

BELOW FOR OFFICIAL USE ONLY

Rev. 04/2013 LRB

APPROVALS: CPE Official: _____ Business Office: _____ Registrar's Office: _____

NOTES: _____