

# NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

## CROSS REGISTRATION FORM

Please Print:

Registration form for: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Year: 20 \_\_\_\_\_

NYTS Student ID number: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

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

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

Cell Tel #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of School you wish to take courses at: \_\_\_\_\_

| <b>Course Number</b> | <b>Course Title</b> | <b>Credits</b> | <b>Dates/Term/Year</b> |
|----------------------|---------------------|----------------|------------------------|
| _____                | _____               | _____          | _____                  |
| _____                | _____               | _____          | _____                  |
| _____                | _____               | _____          | _____                  |
| _____                | _____               | _____          | _____                  |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Business Office: \_\_\_\_\_ Registrar: \_\_\_\_\_

Rev. 07/2013 lrb