

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

Continuing Education / Partner Church Registration Form

PLEASE PRINT

Date of Registration: ____/____/____ Check One: Fall ___ Winter ___ Spring ___ June ___ Summer ___ Year: 20 ____

Check off: NYTS Alumni ___ NYTS Partner Church ___ NYTS Current Certificate Student ___ Non-NYTS Student (Guest) ___

Name: _____ Gender: Male ___ Female ___
Last First Middle

Address: _____
Number Street Apt# City State Zip Code

Tel.: ____/____-____ ____/____-____ ____/____-____
Home Business Cell

E-Mail: (REQUIRED) _____ Soc Sec # _____ Date of Birth: _____

If you are **ALUM** is this a new address ____, phone ____ or E-mail ____? Yes ___ No ___

If you are from a **PARTNER CHURCH**, please provide the following information also:

Name of Partner Church: _____

Address of Partner Church: _____
Number Street City State Zip Code

Telephone of Partner Church: _____

Name of Partner Church Pastor: _____

COST: Charge is **\$50 PER** unit. Continuing Education is **NON-CREDIT** bearing. Student is **NOT** required to do any assignments for grades and will **NOT** be assigned a grade. The professor is **NOT** required to accept or grade any assignments from Continuing Education students. However, if a student intends to convert the Continuing Education course to Master's credit at some later point (not more than 1 year later), they must request and obtain permission in writing from the professor to hand in assignments for grading. The professor will then submit a grade for that student to be posted when student registers and pays the required difference in tuition for Master's credit for that course. A Certificate of Participation may be obtained at the end of the course if requested by the participant by checking off the following statement.

"I request a Certificate of Participation to be mailed to me after the end of the course."

COURSE #	COURSE NAME	CREDITS	PROFESSOR	SEMESTER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All classes are held at **Riverside Church** unless otherwise stated. Enter at 91 Claremont Ave & W. 121 St. (between Broadway & Riverside Drive; take elevators on left). Classes meeting at the **Interchurch Center** enter at 61 Claremont Ave. & W. 121 St. (between Broadway & Riverside Drive).

Approvals: _____ Charge to: Visa ___ MC ___ Discover ___ Exp. Date: _____ Sec. Code: _____

Business Office: _____ Date _____ Name on Card (print) _____

Registrar's Office: _____ Date _____ Card #: _____ Email: _____

Receipt will be emailed to this address

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Cardholder Signature: _____