

NEW YORK THEOLOGICAL SEMINARY CERTIFICATE PROGRAM IN CONVERGENCE STUDIES REGISTRATION FORM

Student I.D. # _____

New Student: Fill out Boxes 1 through-6

Returning Student: Fill out Box 1 & 6.

Please Print Legibly

↓ **Box 1**

New Student / Returning Student Date: ____/____/____

Name: _____

Last First Name Middle Name

Date of Birth: ____/____/____ Gender: M ____ F ____

Home Address:

& Street. Apt. # City State Zip Code

County _____ Soc. Sec. #: _____
(Kings; Nassau; etc)

Tel. #'s: Cell: ____/____-____ Home: ____/____-____
Work: ____/____-____

Email: **(required)** _____

Student's Signature: _____

↓ **Box 2**

Ethnicity

____ African American
____ Am. Indian
____ Asian
____ Hispanic-Latino
____ White
____ Two or more races

Citizenship Status

____ U.S. Citizen
____ U.S. Resident
____ Alien Citizen

Marital Status: ____ Single ____ Married
____ Widowed ____ Divorced

Name of Spouse _____

↓ **Box 3**

**PLACE PASSPORT SIZE COLOR
PHOTO HERE**

↓ **Box 4**

How did you hear of NYTS?

____ Newspaper ____ Website ____ Friend ____ Student ____

Radio Station ____ Open House ____ Church ____ Office of Vocational Discernment ____ Other, (please specify): _____

↓ **Box 5**

Church Name: _____
Address, Tel # _____

____ Affiliation _____
↓ Bishop: _____

↓ **Box 6**

SEMESTER	SESSION A	SEMESTER	SESSION B	SEMESTER	SESSION C
FALL	12 sessions Code ____ Theology and Philosophy of Leadership CCP1000 ____ Biblical Exegesis CCP1010	SPRING	12 sessions Class Code ____ Introduction to Celtic Spirituality CCP1030 ____ Sacramental and Liturgical Theology CCP1040	SUMMER	12 sessions Class Code ____ Church History and Historical Theology CCP2010 ____ Church Renewal and Missiology CCP2020
Winter Intensive December	____ Special Issues in Theology and Worship CCP1020	Summer Intensive May	____ Rubrics, Rites and Rituals CCP2000	May-June July August	

Cash: \$ _____ Check # _____ Money Order # _____ \$ _____

Credit/Debit Cards: MC ____ Visa ____ Card #: _____ Signature _____ Expiration: ____/____ \$ _____

APPROVAL: Business Office: _____ Registrar: _____

NOTES: _____