

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

CROSS REGISTRATION FORM

Please Email to: Registrar@nyts.edu

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: _____

Course Number	Course Title	Credits	Dates/Term/Year

Student Signature: _____ Date: _____

Dean _____ Advisor: _____ Business Office: _____ Registrar: _____

Rev. 07/2013 lrb