TOTAL CREDIT HOURS:		Hrs.	Credit(s) Description
X TUITION COSTS ($240.00):	$		
MINUS CREDITS/SCHOLARSHIPS/ETC.:	- $		
TOTAL TUITION COSTS:	$		

Payne Theological Seminary
1230 Wilberforce-Clifton Rd.
PO Box 474
Wilberforce, OH 45384-0474
PH: (937) 376-2946
FX: (937) 376-2888

PAYNE THEOLOGICAL SEMINARY — REGISTRATION FORM

Print or Type Clearly (Use Ball Point Pen if Printing)

SECTION I – STUDENT DATA

Date_____ ____Fall ____Interterm ____Spring ____Summer

Name_____
(Last) (First) (Middle)

Permanent Home or Parent's Address: _____

_____

Home phone: (_____) _____ Area Code Cell phone: (_____) _____ Area Code Work number: (_____) _____ Area Code

E-mail Address: _____ Expected Graduation Date: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Sex: _____Male _____Female Veteran: _____Yes _____No

First Name of Spouse: _____ Number of Children: _____

Auto License Plate Number: _____ State of Auto License: _____

Local Address: _____

_____

Telephone Number where you can be reached while in school: (_____) _____
Area Code

Kind of Health Insurance: _____Seminary Group _____Commercial _____Church Sponsored _____Other _____None

Classifications: _____Junior _____Middler _____Senior _____Special Program _____ M.Div.

Type of Ministry Contemplated: _____Teaching _____Parish _____Dual Career _____CPE _____Chaplaincy _____Other

Denomination: _____ Conference Yearly Meeting _____

District, Convention, etc.: _____

SECTION II: SCHEDULE OF CLASSES

Year 20_____ - 20_____ ____Fall ____Interterm ____Spring ____Summer

Course Number	Title of Course	Credit Hours	M	T	W	TH	F	S	RM	Instructor

_____ _____ _____ _____
Student's Signature Date Business Manager's Signature Date

_____ _____ _____ _____
Advisor's Signature Date Registrar's Signature Date