ASHLAND THEOLOGICAL SEMINARY REGISTRATION

Please print legibly.

Please submit this form to:

OFFICE OF THE REGISTRAR
Ashland Theological Seminary
910 Center Street
Ashland OH 44805

PH 419.289.5907
FX 419.289.5650
ATS-Registrar@ashland.edu

Name (Last, First, Middle) ______________________________

If Married, Spouse's Name ______________________ Home Phone ______________________

SSN or Student ID # ______________________ Cell Phone ______________________

ATS Email ______________________ Work Phone ______________________

Street Address ______________________________

City ______________________ State __________ Zip Code __________

☐ Please indicate/mark if any of the above information is new.

TERM

(one term per form)

- ☐ Fall
- ☐ Spring
- ☐ Summer 20____

DEGREE PROGRAM

***If changing degree program, you must contact the Registrar's Office.*

- ☐ Graduate Diploma in ______________________
- ☐ M.A. in ______________________
- ☐ M.A. (Biblical/Historical/Theological Studies)
- ☐ M.A. in Counseling
- ☐ M.A. in Clinical Mental Health Counseling
- ☐ Master of Divinity
- ☐ Master of Divinity in Chaplaincy
- ☐ Pre-Doctor of Ministry

Guest Student: ☐ Audit ☐ Credit

PERSONAL DATA

Citizenship:

- ☐ USA
- ☐ Other (Specify)

____

____

Ethnicity:

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino

Race:

- ☐ American/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian/Pacific Islander
- ☐ White

Birthdate (mm/dd/yy):

____

Sex:

- ☐ Male
- ☐ Female

Marital Status:

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated

FINANCIAL INFORMATION

Spouse Rate:

- ☐ Yes
- ☐ No

VA Benefits:

- ☐ Yes
- ☐ No

Scholarship:

- ☐ Church
- ☐ Seminary
- ☐ Other

Student Loan:

- ☐ Yes
- ☐ No

Anticipated Graduation Date:

(month/year) ______________________

Name (Last,First) ______________________ Denomination (Be Specific) ______________________

REGULARLY SCHEDULED CLASSES

Specify where you will attend each class:

SUBJECT	COURSE NUMBER	SECTION	CREDIT HRS	COURSE TITLE	CAMPUS

DIRECTED/INDEPENDENT STUDIES (MUST BE APPROVED)

SUBJECT	COURSE NUMBER	CR.	COURSE TITLE

Total Hours ____________ Student's Signature ______________________ Date Submitted ______________________