



ASHLAND THEOLOGICAL SEMINARY - DOCTOR OF MINISTRY REGISTRATION

ASHLAND THEOLOGICAL SEMINARY

Please print legibly.

Date Submitted _____

Name: Last First Middle Student ID or SS#

If Married, Spouse's Name: Telephone: Home

ATS Email address: @ashland.edu Telephone: Work or Cell (circle one)

Address: Street City State Zip Code

Please indicate if any of the above information is new.

Form with checkboxes for Degree, Track, and other options like Black Church Studies, Spiritual Formation, etc.

Personal Data: This information is optional, but is needed to compile statistical information for the Association of Theological Schools of North America.

Citizenship: USA, Other; Sex: Male, Female; Birthdate: Month, Day, Year

Ethnic: Hispanic/Latino, Non-Hispanic/Latino, American/Alaskan Native, Asian, Black or African American, Hawaiian/Pacific Islander, White; Marital Status: Single, Married, Widowed, Divorced, Separated

Financial Information: Spouse Rate, VA Benefits, Other Sources, Student Loan, Anticipated Graduation Date

Student's Name: Last First Denomination (Be Specific)

REGULARLY SCHEDULED CLASSES:

Table with 5 columns: Course Number, Credit Hours, Course Title, Instructor, Date(s) of Course

CONTRACTED STUDY (MUST BE APPLIED FOR AND APPROVED):

Table with 5 columns: Course Number, Credit Hours, Course Title, Instructor, Date(s) of Course

Student's Signature: _____

FOR OFFICE USE ONLY:

Total Hours: Tuition Charged: Date Received: Date Registered: Date Billed: