ASHLAND THEOLOGICAL SEMINARY
A GRADUATE DIVISION OF ASHLAND UNIVERSITY

ASHLAND THEOLOGICAL SEMINARY - DOCTOR OF MINISTRY REGISTRATION

Please print legibly. Return completed form to:
ats-registrar@ashland.edu, or fax to 419-289-5969

Date Submitted_____

Name: _____ _____
Last First Middle Student ID #

If Married,
Spouse's Name: _____ Telephone: ( ) _____
Home

ATS Email address: _____@ashland.edu_____ Telephone: ( ) _____
(The @ashland.edu is the *only* email address by which ATS will correspond; 1st time registrants may not yet be assigned) Work or Cell (circle one)

Address: _____
Street City State Zip Code

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

☐Fall 20____ ☐Spring 20____
☐Summer 20____
(One semester per form, please)

Degree Track:
☐Biblical Interpretation and Culture
☐Black Church Studies
☐Chaplaincy
☐Independent Design
☐Rural Small Town Church
☐Transformational Leadership
☐Guest Student
☐Audit ($150/credit hour)

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 _____ (Specify)
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: ☐Yes ☐No
VA Benefits: ☐Yes ☐No
Other Sources: ☐Church ☐Seminary ☐Other
☐Student Loan

Anticipated Graduation Date: _____ (Month/Year)

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

REGULARLY SCHEDULED CLASSES:

Course Number	Credit Hours	Course Title	Instructor	Date(s) of Course

CONTRACTED STUDY (MUST BE APPLIED FOR AND APPROVED):

Course Number	Credit Hours	Course Title	Instructor	Date(s) of Course

Student's Signature: _____

FOR OFFICE USE ONLY:
Total Hours: _____
Date Received: _____
Date Registered: _____
Date Billed: _____

Revised 7/24/2026-llb