

STEP 1 - Personal

First _____ Middle _____ Last _____ Former name _____

Birth date _____ Social Security #: _____ Citizenship: United States Permanent Resident Other (_____)**Contact Information**

Street Address _____

City _____ State _____ Zip Code _____

Email address _____ Phone # _____ Home Mobile Work**STEP 2 - Academic History**

Last degree earned (Associate, bachelor's, master's, doctoral): _____

Institution _____ Date: _____

Church affiliation – Church Name: _____

Church address _____

The following information is requested for statistical purposes only to develop summary data of participants this program.**Personal Demographics** - Gender: _____ Are you Hispanic or Latino of any race (including Spanish or other Spanish origins)? Yes No In addition, please check one or more of the following options that you identify with: American Indian / AlaskanNative Asian Black / African American Native Hawaiian / other Pacific Islander White**STEP 3 – Standards Agreement**

Rooted in biblical and historic Christian faith, Northeastern Seminary prepares Christ-centered men and women for faithful, effective ministry to the church and the world. Northeastern Seminary seeks students whose personal lives are characterized by personal integrity and a devotion to high academic and ethical standards. Northeastern Seminary enrolls students in accordance with all state and federal non-discrimination laws.

The information supplied in this application is complete and correct to the best of my knowledge. If enrolled, I agree to abide by the standards and expectations of the Seminary while on campus or involved in Seminary-related activities. Do you agree? Yes No

STEP 4 - Payment

This payment secures my enrollment as a student at Northeastern Seminary. I understand that my payment is credited toward my student account and is non-refundable.

I am submitting: \$150 audit payment in full \$100 deposit (single class for credit)**I am paying by:** Check # _____ or Money Order (Payable to Northeastern Seminary) Cash (Hand Delivered to Admissions Office; Do not send cash through the mail) Credit card: I made payment at the Cashier's Office, 585.594.6433 or I have paid online at:<https://www.nes.edu/tuition-deposit/>**Student Signature:** _____ **Date:** _____Return completed form to: Email: admissions@nes.edu or Fax: 585.594.6801 or mail to the address below:**Northeastern Seminary, Admissions Office**

2265 Westside Drive

Rochester, NY 14624-1997

Distribution:

- Registration (Email)
- Student File (Docuware)
- Student Copy (Email)
- Academic Support (Copy)

VISITING STUDENT REGISTRATION FORM

Name _____

Last
First
MI

Address _____

City _____ State _____ Zip _____

Email Address _____

Home/Cell Phone _____

Work Phone _____

Employer _____

Church Preference _____

Country of Citizenship _____

Date of Registration _____

Entry Semester/Year _____

_____ For Credit OR _____ For Audit

Birth Date _____ Gender: M F

Marital Status _____

Ethnic Origin: (Federal Categories)

<input type="checkbox"/> Amer. Indian/Alaskan	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black Non-Hispanic
<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Other _____

International students are responsible for maintaining their immigration status and following all U.S. immigration regulations, including (but not limited to) attending classes full-time and working off campus only with authorization.

For Office Use Only:

COURSE ID #	SECT	COURSE TITLE	CREDITS	DATES	DAY & TIME	Building/Room or Online

I understand I will be registered for all of the above courses. I will notify Northeastern Seminary (585-594-6800) of any change prior to the first night of a scheduled class. It is my responsibility to ensure any changes are processed in the prescribed times or I will incur a financial obligation once class begins whether I attend or not. Any delinquent unpaid balance may be assigned to a collection agency, and associated collection costs (minimally 33 1/3%) will be added to the outstanding balance. I understand that registering for less than 9 credits (full-time) makes me ineligible for institutional financial aid and registering for less than 4.5 credits (part-time) makes me ineligible for federal aid/loans.

Student's Signature _____ Date _____

Academic Planning Coordinator's Signature _____ Date _____

Return completed form to: Email: admissions@nes.edu or Fax: 585.594.6801 or mail to the address below:

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 2265 Westside Drive
 Rochester, NY 14624-1997