



Please print legibly.

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.

<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ (One semester per form, please)	Degree <input type="checkbox"/> Black Church Studies Track: <input type="checkbox"/> Chaplaincy <input type="checkbox"/> Independent Design	<input type="checkbox"/> Spiritual Formation <input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Guest Student
--	---	--

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

USA Male
 Citizenship: Other _____ Sex: Female Birthdate _____ - _____ - _____
 (Specify) Month Day Year

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

Financial Information:	Spouse Rate	VA Benefits	Other Sources	Anticipated Graduation Date: _____ (Month/Year)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Church <input type="checkbox"/> Student Loan <input type="checkbox"/> Seminary <input type="checkbox"/> Other	

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: _____ Tuition Charged: _____ Date Received: _____
 Date Registered: _____
 Date Billed: _____