

**WILBUR HENRY WATERS SCHOOL OF RELIGION, INC.
And THEOLOGICAL SEMINARY**

REGISTRATION FORM

Date: _____ [] New Student [] Returning Student
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ Work: () _____
Cell: () _____ Fax: () _____
E-Mail: _____
Emergency Contact Person: _____
Phone Number: () _____
Position Held: { } Pastor { } Minister { } Deacon { } Deaconess { } Other _____
Denomination Affiliation: _____
Church Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Pastor's Name: _____

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How did you hear about WHWSR&TS?

_____ ALUMI _____ PASTOR _____ CURRENT STAFF/STUDENT

DO YOU HAVE A FOUR YEAR UNDERGRADUATE DEGREE?

_____ YES _____ NO (If Yes, please provide a copy of degree certificate and transcript.)

AREA OF INTEREST:

- | | |
|--------------------------------------|---------------------------|
| _____ Religious Studies (non-degree) | _____ Masters of Ministry |
| _____ Associates of Ministry | _____ Masters of Divinity |
| _____ Associates of Divinity | _____ Masters of Theology |
| _____ Associates of Theology | _____ Doctor of Ministry |
| _____ Bachelors of Ministry | _____ Doctor of Divinity |
| _____ Bachelors of Divinity | _____ Doctor of Theology |
| _____ Bachelors of Theology | |

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PAYMENT INFORMATION

_____ Registration Fee \$ _____ (IAW Statement of Condition for Admission)
_____ Check # _____ Cash \$ _____
_____ Tuition Fee \$ _____ (IAW Statement of Condition for Admission)
_____ Check # _____ Cash \$ _____
_____ Payment Agreement is Attached Balance Due: \$ _____

The Information above is accurate to the best of my knowledge. I understand that I am responsible for all charges that I may incur at the Wilbur Henry Waters School of Religion, Inc., and Theological Seminary.

Student's Signature

Advisor's Signature

Registrar's Signature

Academic Dean's Signature