EMORY | CANDLER SCHOOL OF THEOLOGY

Cross Registration Application

Personal Information

Name: _____
(Last) (First) (Middle)

Social Security #: _____ Gender: ☐Male ☐Female

Marital Status: _____

Date of Birth: _____ Place of Birth: _____

Local Mailing Address: _____

_____
City State Zip

Home Telephone: _____ Work Telephone: _____

Email: _____

Ethnic Group: ☐ African American ☐Hispanic American
☐ Asian American ☐Multi-Racial
☐Caucasian American ☐Native American
☐ Foreign/non U.S. Citizen

Religious Preference: _____

U.S. Citizen? ☐ Yes ☐ No If foreign, of which country are you now a citizen? _____

State of Residence: _____ Alien registration receipt (green card) #: _____

If Georgia, County: _____ Type of Visa: _____

School Information

Home Institution: _____

Degree Program: ☐ MDiv ☐ MTS ☐ ThM

Are you graduating this semester?: ☐ Yes ☐ No Projected Graduation Date: _____

Have you ever applied to the Candler School of Theology?: ☐ Yes ☐ No When: _____

Courses Requested

Host Institution: Candler School of Theology

Term Requested: ☐ Fall 20__ ☐Spring 20__ ☐ Summer 20__

Course Name & Number	Instructor	Day/Time	Credit Hours

I certify that the information furnished by me is true. I understand that my completed application does not guarantee a place in the requested cross registration course(s). I agree to abide by all the rules, regulations, practices, and policies of the host institution while enrolled there. I authorize the host institution to send a transcript of the cross registration course grade(s) to my home institution.

Student's Signature _____ Date _____

We certify that the above named student has the approval of the home institution listed above, is in good standing, and is currently enrolled. The courses requested, if successfully completed ☐will ☐will not be applicable to the student's degree program.

Cross Registration Coordinator (Host) Date		Cross Registration Coordinator (Candler) Date	
Enrolled: ☐Yes ☐ No	Notify student: ☐	Date:	Initials: