

**GORDON CONWELL**  
BOSTON CAMPUS

**REGISTRATION FORM - ACADEMIC YEAR 2017-2018**

ID# \_\_\_\_\_

New Student? \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: 

Title (Rev., Mr., Ms., etc.)	First	Middle Initial	Last

Telephone: Home: ( ) Work: ( )

<b>Degree Program:</b>	<input type="checkbox"/> Diploma	<input type="checkbox"/> MDIV	<input type="checkbox"/> MAUML	<input type="checkbox"/> MACO	<input type="checkbox"/> THM
	<input type="checkbox"/> International Student <input type="checkbox"/> Visiting Student <i>(must fill out this form completely)</i>				
Have you applied? _____	Have you been accepted? _____	Advisor's Name: _____			

*If you are a new student or if your admissions application is incomplete, please complete all remaining items on this form. If you are a returning student fill out only any information that has changed since your last enrollment for courses at GCTS. Otherwise, go directly to the "Course Selection" section of the form.*

**MAILING ADDRESS:**

STREET OR P.O.BOX:	Apt.#:
CITY:	STATE: ZIP:
e-mail address:	

Gender: M  F  Marital Status \_\_\_\_\_ Birthdate: \_\_\_\_\_

Place of Birth (City/State or Country): \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Are You a United States Citizen? \_\_\_\_\_ If "no": Res. Alien \_\_\_\_ Foreign Student: \_\_\_\_\_

Are You a U.S. Veteran? \_\_\_\_\_ List any Handicap: \_\_\_\_\_ Visa Code: \_\_\_\_\_

**CHURCH INFORMATION**

Church NAME: 

	Telephone: ( )
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Church ADDRESS: 

Street
City State Zip

Specific Denominational Affiliation or Movement: \_\_\_\_\_  
(e.g. - Church of God in Christ, American Baptist Churches, United Methodist, Iglesia de Dios, M.I., Luso-American Pentecostal)

**EDUCATIONAL BACKGROUND (begin with most recent)**

Name of Institution (include: H.S./College/Seminary/Institute)	Date(s) Attended (mo./yr.-mo./yr.)	Did You Graduate?	Diploma/Degree Received
	-		
	-		
	-		

**MINISTERIAL BACKGROUND**

Minister Status: Ordained: \_\_\_\_\_ Licensed: \_\_\_\_\_ Other: \_\_\_\_\_

Credentials Given By: \_\_\_\_\_ Total Number of Years in Ministry: \_\_\_\_\_

ID# \_\_\_\_\_ Name: \_\_\_\_\_

Please complete the first section on the preceding page. Filling out this page only is NOT sufficient.

**Tuition Charges – Academic Year 2017-2018**

Tuition prices per semester after scholarships are as follows (each course is \$1,995 before scholarship):

Programs	Number of Courses	Total Cost of Courses	Average Cost Per Course
MDIV, MAUML	1 course (3 cr. hrs.)	\$990	\$990
MACO	1 course (3 cr. hrs.)	\$1,335	\$1,335
Th.M.	1 course (3 cr. hrs.)	\$1,995	\$1,995
Diploma	1 course (3 cr. hrs.)	\$630	\$630
January & Summer Rates	1 course (3 cr. hrs.)	\$990	\$990
Course Auditing	1 course (3 cr. hrs.)	\$150	\$150

**Registration Fees:** There will be a \$125 Student Services Fee in addition to tuition per semester for Fall and Spring sessions ● No fee for January ● \$50 per Summer Session ● \$50 Late Registration Fee after the Add/Drop deadline on Friday, September 16, 2016 ● A \$20 fee is assessed for Extension Petitions

**Semlink Fees:** Please note, the current Semlink Technology fee is \$150 per course. Thank you!

**YOU WILL NOT BE REGISTERED** if your past-due student account balance is not paid in full by Friday, September 15, 2017, and you will be required to wait until the following semester to take more courses, provided your account is paid in full. If you pass the deadline, this form will be void and you will not receive credit if you choose to continue to attend the class. Failure to pay off your balance will result in deregistration and a collections process will begin.

**HEALTH INSURANCE NOTICE:** If you register for 6 or more credits this semester, you must enroll in the GCTS student health insurance plan OR fill out the Student Health Insurance Waiver Form online. This is state law. Without the form you will be automatically enrolled in the student health plan and charged the premium. In order to decline enrollment and avoid the charge, please go to [www.universityhealthplans.com](http://www.universityhealthplans.com), and fill out the form by September 21, 2017.

**ADD/DROP POLICY:** All GCTS-Boston courses start at the beginning of the semester with the Formation session, including half-term or seven-week courses, and Saturday courses. Full tuition refund for all courses follow the 100% Add/Drop deadline in the academic calendar. All courses dropped after the 100% deadline will be processed for a withdrawal, the late registration fee will apply and a "W" will appear in the transcript.

**FINANCIAL AID:** Financial Aid information is available at our website at: <http://www.gordonconwell.edu/financial-aid/Boston-Apply-for-Financial-Aid.cfm>. All inquiries may be addressed to: [fnaidinfo@gordonconwell.edu](mailto:fnaidinfo@gordonconwell.edu). Thank you!

**COURSE SELECTION – Fall 2017**

**The 100 percent Add/Drop deadline for Fall 2017 courses: Friday Sept. 15, 2017**

Course Number	Course Title & Professor	Time	Day(s)	CHECK ONE	
				Credit	Audit
1.					
2.	<i>Health Insurance Waiver Needed for 2 or More Courses</i>				
3.					
4.					

I have read and understand the registration instructions on this form. I have read and agree to abide by the Community Life Statement and the policies and deadlines in the current Gordon-Conwell Student Handbook. By submitting my registration, I agree to pay tuition and fees and accept all applied penalties and fees, including interest charges on unpaid balances, should I not adhere to the policies and deadlines regarding registration and payment of my student account. I further acknowledge that I agree to reimburse Gordon-Conwell Theological Seminary the fees of any collection agency, which may

**FOR OFFICE USE ONLY**

Tuit./Fees (Curr. Sem.):

Bal. Forward:

Tot. Due at Reg.:

Amt. Paid at Reg.:

Officer Initials:

be based on a percentage at a maximum of 33 1/3 percent of the debt and all costs and expenses, including reasonable attorney's fees, Gordon-Conwell Theological Seminary would incur in such collection efforts.

**Student Signature:**

**TODAY'S DATE:**

You may register in person at CUME. To register by mail please send this completed form along with a check or money order made payable to Gordon-Conwell. DO NOT SEND CASH through the mail. You may also pay by credit card by contacting: 888.722.4687.

**MACO, THM and International Student Advisor's Signature:**