

Summer 2009

Special Student and Auditor Application/Registration Form

Full Name (including preferred title): _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ **Work Phone:** _____

Social Security Number: _____

(1997 Tax Payer Relief Act Requirement per the Treasury Department and the Internal Revenue Service)

Date of Birth: _____ **Email Address:** _____

Educational background: Please list below each degree received, name of institution and date of graduation. **Please note:** Students seeking credit must have a B.A. and must request that their undergraduate transcript(s) be sent to Admissions at Hartford Seminary.

Course #	Course Name	Credit/Audit

Academic Status and Course Tuition: (please check one; forms will not be processed without full payment)

_____ **Special Student:** \$1,630 per course _____ **Auditor:** \$575 per course

_____ **Special Auditor:** \$385 per course (*Indicate category below*)

 __ 62 or older __ Degree Graduate __ Donor __ Adjunct Faculty __ CRP delegate (*attach copy of card*)

Fee paid by: () Check (payable to Hartford Seminary) () Master Card () Visa () Discover

Card # _____ Exp. Date _____

Signature _____

Please check if you would like information about degree programs at Hartford Seminary _____

The following information is requested for statistical reporting purposes and is **optional**:

Gender: _____ Male _____ Female

Ethnic Background: _____ African-American _____ Asian-American _____ Euro-American _____ Latino-American _____

Other _____

Religious Affiliation: _____

(Please be specific i.e., United Church of Christ, African Methodist Episcopal, Sunni Muslim, Reform Jewish, etc.)

Return completed form with check to: Registrar, Hartford Seminary, 77 Sherman Street, Hartford, Connecticut 06105-2260