

**Fall 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:** \$1,680 per course                      \_\_\_\_\_ **Auditor:** \$575 per course

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

    \_\_ 62 or older \_\_ Degree Graduate \_\_ Donor \_\_ Adjunct Faculty \_\_ IPP 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**