



## DEGREE PROGRAM MATRICULATED STUDENT REGISTRATION FORM

Please complete the following information:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

**Program:** \_\_\_\_\_

### COURSE REGISTRATION

**Academic Year:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

Course #	Course Title	Credit / Audit

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to:*

Registrar's Office  
Hartford Seminary  
77 Sherman Street  
Hartford, CT 06105-2260  
**OR**  
fax to (860) 509-9509