



Exploring Differences, Deepening Faith

**GRADUATE PROGRAM
STUDENT REGISTRATION FORM**

Please complete the following information:

Name: _____

Address: _____

E-Mail Address: _____

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