



Exploring Differences, Deepening Faith

REGISTRATION FORM – NEW MATRICULATED STUDENTS

Please complete the following information:

Name: _____

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