

REGISTRATION FORM – JAN-SPRING 2019

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·			PERSON	AL INFORM	<i>IATION</i>				
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Telephone) - ¬¬ мън/			Work:	_		
Degree Progra	ımı	Diplom Interna	a 🔲 MDIV tional Student				☐ TI ill out th		mpletely)
Have you app	lied?	_ На	ave you been a	ccepted?		_ Ac	lvisor's	Name:	
form. If you ar courses at GCTS	e a returning . S. Otherwise, g	student	fill out only an	y informat	ion tha	t has chai	nged sin		ining items on this ast enrollment for
MAILING ADDR STREET OR P.C									Apt.#:
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Name of Institu			Date(s) Atter	nded D	id You	Dipl		gree Recei	ved
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Credentials Give									nistry:
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Mail to GCTS-Boston Registration Office, 90 Warren Street, Roxbury, MA 02119

Fax: 617-541-3432

ID#	Name:	
11)#	Nume.	

Please complete the first section on the preceding page. Filling out this page only is NOT sufficient.

Tuition Charges - Academic Year 2018-2019

Tuition prices per semester after scholarships are as follows (each course is \$2,070 before scholarship):

Programs	Number of Courses	Total Cost of Courses	Average Cost Per Course
MDIV, MAUML	1 course (3 cr. hrs.)	\$1,050	\$1,050
MACO	1 course (3 cr. hrs.)	\$1,410	\$1,410
Th.M.	1 course (3 cr. hrs.)	\$2,070	\$2,070
Diploma	1 course (3 cr. hrs.)	\$630	\$630
January & Summer Rates	1 course (3 cr. hrs.)	\$1,050	\$1.050
Course Auditing	1 course (3 cr. hrs.)	\$150	\$150

Service Fees: There will be a \$175 Student Services Fee in addition to tuition per semester for Fall and Spring sessions ● No fee for January ● \$100 per Summer Session ● \$50 Late Registration Fee after the 100% Add/Drop deadline on Friday, Feb. 1, 2019.

Semlink Fees: Please note, the current Semlink Technology fee is \$150. Thank you!

YOU WILL NOT BE REGISTERED if your past-due student account balance is not paid in full by Fri, Feb. 1, 2019, you will not be allowed to register for courses this semester, and you will be required to wait until the following semester to take more courses, provided your account is paid in full. If you pass the deadline, this form will be void and you will not receive credit if you choose to continue to attend the class. Failure to pay off your account balance will result in deregistration and a collection process will begin.

HEALTH INSURANCE NOTICE: If you register for 6 or more credits this semester, you must enroll in the GCTS student health insurance plan **OR** fill out the Student Health Insurance Waiver Form **online**. This is state law. Without the form you will be automatically enrolled in the student health plan and charged the premium. In order to decline enrollment and avoid the charge, please go to www.universityhealthplans.com, and fill out the form by February 1, 2019.

ADD/DROP POLICY: All GCTS-Boston courses start at the beginning of the semester with the Formation session, including half-term or seven-week courses, and Saturday courses. Full tuition refund for all courses follow the 100% Add/Drop deadline in the academic calendar. All courses dropped after the 100% deadline will be processed for a withdrawal, the late registration fee will apply and a "W" will appear in the transcript.

FINANCIAL AID: Financial Aid information is available at our website at: http://www.gordonconwell.edu/financial-aid/Boston-Apply-for-Financial-Aid.cfm, All inquiries may be addressed to: finaidinfo@gordonconwell.edu. Thank you!

COURSE SELECTION – January / Spring 2019

The 100 percent Add/Drop deadline for SPRING 2019 courses: Friday, Feb. 1, 2019

Course Number	ourse Number Course Title & Professor		Day(s)	CHECK ONE	
				Credit	Audit
1.					
2.	Health Insurance Waiver Needed for 2 or More Courses				
3.					
4.					

I have read and understand the registration instructions on this form. I have read and agree to abide by the Community Life Statement and the policies and deadlines in the current Gordon-Conwell Student Handbook. By submitting my registration, I agree to pay tuition and fees and accept all applied penalties and fees, including interest charges on unpaid balances, should I not adhere to the policies and deadlines regarding registration and payment of my student account. I further acknowledge that I agree to reimburse Gordon-Conwell Theological Seminary the fees of any collection agency, which may

FOR OFFICE USE ONLY	be based on a percentage at a maximum of 33 1/3 percent of the debt and all costs and
Tuit./Fees (Curr. Sem.):	expenses, including reasonable attorney's fees, Gordon-Conwell Theological Seminary would incur in such collection efforts.
Bal. Forward:	
Tot. Due at Reg.:	Student Signature:
Amt. Paid at Reg.:	
Officer Initials:	TODAY'S DATE:

You may register in person at GCTS-Boston, CUME. To register by mail please send this completed form along with a check or money order made payable to Gordon-Conwell. DO NOT SEND CASH through the mail. You may also pay by credit card by contacting: 888.722.4687

MACO, THM and International Student Advisor's Signature: