



Dear Exchange Student Applicant:

Thank you for your interest in the Exchange Student Program. Students from other accredited seminaries may register for Andover Newton courses through this streamlined process. Enclosed please find an application/registration form for the program. Unless noted in the catalog, permission from the instructor is not necessary.

Exchange students must adhere to the School calendar and deadlines as stated in the Academic Calendar. Of particular note are the following registration and class dates:

August 8-20	Registration for Fall 2011 Classes
September 12	Fall 2011 Classes start
October 18 – Nov 4	Registration for Winterim 2012 Classes
December 5 – 16	Registration for Spring 2012 Classes
January 2-13	Winterim 2012 Classes Session 1
January 7-21	Winterim 2012 Classes Session 2
January 30	Spring 2012 Classes start
April 10-27	Registration for Summer 2012 Session classes
June 4-8	Summer 2012 Classes Session 1
June 11-22	Summer 2012 Classes Session 2

Please note that **all registrations must be completed and postmarked on the last day of the registration period** or a \$175 late fee will be charged. Registrar's Office hours are: Monday - Friday, 9:00 am –12:30 and 1:00 – 4:00 pm. *Please call ahead if traveling a distance as hours are subject to change.*

The following names/numbers may be of help to you:

* Admissions Office	617- 831-2430
----- -Academic Catalogs/Course listings and Admissions information	
* Nayda Aguila, Registrar	617- 831-2435
* Academic Dean's Office	617- 831-2432
* Housing Office	617- 831-2453

We look forward to having you join our community! Should you have any further questions, please do not hesitate to contact me.

Sincerely,

Nayda Aguila

Nayda Aguila
Registrar

over



**EXCHANGE STUDENT APPLICATION
AND
REGISTRATION FORM**

Please print neatly and carefully

Social Security Number: - -

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Home Seminary: _____ **Degree Program/Status:** _____

Home Seminary Address: _____

Denomination: _____ **Date of Birth:** _____

Student Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **E-mail:** _____

Permission to share basic information with members of your class.

In order to facilitate interaction among class members and professor, we seek your permission to share with them the following information: name, address, telephone, email address, enrollment status, dates of enrollment, degree, and denomination. Every effort will be made to limit access to class members only.

- Yes. You may share all the indicated information.
- Please share only name, degree and denomination.
- No. I do not want any information shared.

I am registering for the following course(s): *Please use the exact course number and title as listed in the Andover Newton Catalog. (Please note: do not list two code numbers for one course. Ex. ETHI601 not ETHI 601/801.) Thank you.*

Course No.	Course Title	Instructor	No. of Credit	Audit
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: _____ **Date:** _____

HOME SCHOOL CERTIFICATION

I hereby certify that _____ is a student in good standing and is enrolled in the _____
Student's name
_____ program at _____
Degree program Seminary

Registrar's Signature _____ Date _____

Please affix school seal here:

PAYMENT

Note: All regular school deadlines apply. Applications will not be processed unless payment is made in full.

Tuition

_____ # credits @ \$650 per credit (courses are 3 credits each) = Tuition \$ _____

_____ # credits @ \$531 per credit (Winter and Summer semesters fee)= Tuition\$ _____

Fees

Registration \$105.00

Late fee (if applicable) \$175.00

Total Payment = Tuition + Fees = \$ _____

I have attached a personal check for the total amount.

I am paying by VISA.

I am paying by MasterCard.

Credit Card Information

Card # _____ Expiration Date _____

Total Charged _____ Authorized Signature _____

Please return this form to:
Registrar's Office
Andover Newton Theological School
210 Herrick Road
Newton Centre, MA 02459-2243
(617) 831-2435/Fax# 617-831-1635