

ANDOVER  NEWTON
Theological School

Dear E-Learning Applicant:

Thank you for your interest in Andover Newton's newest venture in its long tradition of quality theological education. It is our hope that our E-Learning courses will allow you to acquire the theological education you seek with the flexibility and convenience presented by new technological opportunities. This independent learning style has vast rewards for today's busy lifestyle.

E-Learning students must adhere to the School calendar and deadlines as stated in the Academic Calendar. The following are registration and class dates:

August 2-13	Registration for Fall 2010 Classes
September 13	Fall 2010 Classes start
October 18-Nov 5	Registration for Winterim 2011 Classes
November 30-Dec 17	Registration for Spring 2011 Classes
January 3-14	Winterim 2011 Classes
January 31	Spring 2011 Classes start
April 4-15	Registration for Summer 2011 Session classes
June 6-June 17	Summer 2011 Classes

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 – 4:30pm. 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) 964-1100 x2430
-----Academic Catalogs/Course listings and Admissions information	
* Nayda Aguila, Registrar	x2435
* Jeff Jones, Coordinator of E-Learning	x2364

For the latest information on E-Learning, please consult our web site, www.ants.edu.

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

**NON-MATRICULATING E-LEARNING
REGISTRATION FORM**

Please print neatly and carefully

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

Denomination _____ **Date of Birth** _____

Address: _____

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

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

Post-Secondary education

All students taking courses for academic credit must have completed an undergraduate degree or equivalent. If you are uncertain whether you qualify, please contact the Admissions Office. Andover Newton reserves the right to withdraw students from classes if information given regarding post-secondary education is not accurate or complete. Admission as an NEL does not imply or guarantee acceptance into an Andover Newton degree program now or in the future.

Degree	Institution	Date Awarded

Disclaimer

I certify under the penalties of perjury that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of, consideration for, or termination of, my student status. I understand that any sharing of username or password shall be grounds for termination of my student status.

I authorize Andover Newton Theological School and/or its agents to make inquiries regarding myself and all statements I have set forth above. I also authorize all entities and persons, including but not limited to former employers, supervisors, educational institutions, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background and character. I hereby release them from all liability and responsibility arising from their responses, comments, and statements.

I further authorize Andover Newton Theological School and its agents to share information and opinions about me gathered in connection with this application or subsequently formed or acquired as a result of my affiliation with it.

Date _____ Signature _____

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 Catalo (g http://www.ants.edu/pdf/ANTS_courses0911.pdf)*

Course #	Course Title	Instructor	Credit -
Aud.			
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

Student Signature: _____ **Date:** _____

Payment

Tuition

_____ # credits(3) @ \$619.00 per credit for Fall and Spring sessions= Tuition \$_____

_____ #credits(3) @ \$506 per credit for Summer sessions= Tuition \$_____

Fees

Registration \$100.00
 Late fee (if applicable) \$175.00

Audit fee (if applicable) \$930.00 per course = \$_____

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 _____