Dear Exchange Student Applicant:

Thank you for your interest in the Exchange Student Program for the UCC History, Theology and Polity course that will be offered in conjunction with Synod. Students from other accredited seminaries may register for this Andover Newton sponsored course 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.

Please note that all registrations must be completed and postmarked on the last day of the registration period-June 1st.

Should you have any further questions, please do not hesitate to contact me at naguila@ants.edu

Blessings,

Nayda Aguila
Registrar
(617) 831-2435/2436
Fax# 617-831-1635
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):

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Instructor</th>
<th>No. of Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTE 743 J</td>
<td>UCC Polity</td>
<td>Nordbeck/New</td>
<td>3</td>
</tr>
</tbody>
</table>

Student Signature: ____________________________ Date: ______________

--- Continued on Reverse ---
HOME SCHOOL CERTIFICATION

I hereby certify that ___________________________ is a student in good standing and is enrolled in

Student name

the __________________ program at __________________________.

Degree program Seminary

Registrar’s Signature __________________________________________

Date ______________________

Please affix school seal here:

PAYMENT

Note: Applications will not be processed unless payment is made in full.

Tuition $1,710

Registration Fee $150.00

Total Payment = Tuition + Fees = $1,860

☐ 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) 831-2435/2436 Fax# 617-831-1635