

Registration and placement in class cannot be processed
until this form is returned to the admissions office.

Information Sheet

MDIV_____ MA_____ THM_____ DMIN_____ THD_____ DEdMin_____ OCCAS_____

Term/Year in which you plan to enroll _____

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail address _____ Telephone _____

Race _____ Citizen of _____

Denomination _____ Presbytery (if PCUSA) _____

Date of Birth _____

Social Security Information

Name as it appears on Social Security Card _____

SSN: _____

(IRS regulations state that your name of record must be the name as shown on your social security card)

Emergency Contact Information:

Name _____ Relation _____

Address _____

City _____ State _____ Zip _____

Telephone Day _____

Telephone Evening _____

*Return this form to the Admissions Office, # 6F, Columbia Theological Seminary, P.O. Box 520,
Decatur, GA 30031. FAX 404-687-4575*