



Please complete in full.

Name \_\_\_\_\_ Date \_\_\_\_\_

ID # \_\_\_\_\_ E-mail \_\_\_\_\_

**Change of Address** *(Complete the appropriate fields if any of the information has changed recently)*

Mailing Address \_\_\_\_\_  
Street City Postal Code

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
(include area code) (include area code) (include area code)

My Faculty Advisor is \_\_\_\_\_ *(for program students only)*

The last time I attended Taylor Seminary was (semester and year) \_\_\_\_\_

Degree Program *(please specify):* \_\_\_\_\_ or

Open Studies Student *(non-program)*

Alumni Benefit Recipient (provide Degree / Graduation Year: \_\_\_\_\_)

## 2018-2019

Fall Semester					
Registration Deadline Friday, August 31, 2018 @ 12:00 Noon (SFS courses: Aug. 24, 2018 @ Noon)					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
<b>Total Credits</b>					

January Intersession <i>(considered to be part of the Fall Semester):</i>					
Registration Deadline Friday, December 21, 2018 @ 12:00 Noon					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
<b>Total Credits</b>					

*(Register for Winter 2019 and Spring 2019 Courses on Page 2)*

# TAYLOR SEMINARY REGISTRATION FORM, *continued*



Winter Semester Registration Deadline Friday, January 18, 2019 @ 12:00 Noon					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
<b>Total Credits</b>					

Spring Session (considered to be part of the Winter Semester) Registration Deadline Friday, April 26, 2019 @ 12:00 Noon					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
<b>Total Credits</b>					

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If emailing this form, you may type your name in place of your signature, and you will be asked to sign in pen when you arrive at Taylor.*

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**NOTE TO REGISTRANT:** This Registration Form can be submitted via one of the following methods:

- E-mail:** [Admissions@Taylor-Edu.ca](mailto:Admissions@Taylor-Edu.ca) If submitting this form electronically, fill out and save a copy of this form to your computer, then attach the completed file to an email to the above address. **NOTE:** For users on certain computers or browsers, you may need to save this form to your computer by using the 'PRINT' function. Simply choose 'PRINT' then change the 'DESTINATION' (printer) to 'SAVE AS PDF'.
- Fax:** (780) 436-9416
- Print and Mail to:** Taylor Seminary 11525-23 Avenue NW, Edmonton, AB T6J 4T3

## For Office Use Only:



**TAYLOR**  
S E M I N A R Y

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Processed by \_\_\_\_\_

1) Approved by \_\_\_\_\_, Faculty Advisor

2) Approved by \_\_\_\_\_, Academic Dean (if taking more than 17 credits in the Fall Semester)

\_\_\_\_\_ Original copy to Registrar    \_\_\_\_\_ Copy to Business Office    \_\_\_\_\_ Student Schedule Emailed to Student