



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: _____)

 **2019-2020**

Fall Semester					
Registration Deadline Friday, August 30, 2019 @ 12:00 Noon (SFS courses: Aug. 23, 2019 @ Noon)					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
Total Credits					

January Intersession (considered to be part of the Fall Semester):					
Registration Deadline Friday, December 20, 2019 @ 12:00 Noon					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
Total Credits					

(Register for Winter 2020 and Spring 2020 Courses on Page 2)

TAYLOR SEMINARY REGISTRATION FORM, *continued*



Winter Semester Registration Deadline Friday, January 17, 2020 @ 12:00 Noon					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
Total Credits					

Spring Session (considered to be part of the Winter Semester) Registration Deadline Friday, April 24, 2020 @ 12:00 Noon					
Course Code	Course Name	Course Type	Location	Credit Hours	Audit Hours
Total Credits					

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 *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:



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