



MIDDLESEX INSTITUTE OF THEOLOGY AND TECHNOLOGY

311 East Main St.

Middletown, CT 06457

**Application for Enrollment Form**

Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Do you hold credentials for ministry? \_\_\_\_\_

If yes, what Church do you hold credentials with? \_\_\_\_\_

Information on Previous Education. List all schools attended (including High School) and credits and/or degrees earned.

Institution	Number of Years Attended	Credits Earned	Degree Earned

Please have official transcripts for all colleges attended sent to the School Registrar

If you desire to be in a program please check one below: \*

<b>School of Theology and Ministry</b>
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\* You may enroll in a degree program or simply take classes for personal enrichment.

	Diploma in Biblical Studies		Associate of Biblical Studies
	Graduate of Biblical Studies		Bachelor of Biblical Studies

**Registration Information**

Please fill in desired courses in the space provided.

Day	Time	CRN	Course	SCHS	√ if Audit

**Tuition on Course:** (Program tuition: \$45/SCHS) (Audit tuition: \$22.50/SCHS)

\_\_\_\_\_ SCHS x \$45 + \_\_\_\_\_ SCHS x \$22.50 = \_\_\_\_\_

**Enrollment Fee: (\$50.00)** \_\_\_\_\_

Name of Book	Price

**Total Amount Due** \_\_\_\_\_

*MITT Student Covenant*

*I am in agreement with the MITT Statement of Faith and I agree to abide by the policies of the School as outlined in the catalog at the time I enrolled. I agree to meet all financial obligations in a timely manner. I also agree to lift the School, its professors, staff and students up before the Lord in prayer daily.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only

Date Received: _____	NOTES:
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Status: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

Student Number: \_\_\_\_\_

GPA: \_\_\_\_\_

Assigned Advisor: \_\_\_\_\_

Date Processed: \_\_\_\_\_

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