



MIDDLESEX INSTITUTE OF THEOLOGY AND TECHNOLOGY

373 East Main St. Middletown, CT 06457

(203)681-5640 or (860)346-0733

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? _____ Title _____

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 are enrolling in a program please check one below: *

* You may enroll in a degree program or take classes for spiritual enrichment.

School of Theology and Ministry			
	Diploma in Biblical Studies		Associate of Biblical Studies
	Advanced Diploma in 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

Program Enrollment Fee: (\$75.00)	(for matriculating students)	
Program tuition: \$50/per Credit Hour	(for matriculating students)	
Audit Tuition: \$25/per Credit Hour	Spiritual Enrichment	
Spousal Discount – If a <u>spouse</u> enrolls (in the same semester) into a degree program of lesser or equal tuition, the <u>spouse</u> will automatically receive a 50% disc. on program tuition.		

Total (Program Fee + Tuition) _____

Name of Book	Price

Total Amount Due (tuition + Books) _____

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: _____