Princeton Theological Seminary

Ph.D. Documentation Approval for Continuation

(For Candidates in Years 5-9, who wish to enroll full-time or half-time)

NAME _______________________________ STUDENT # _______________________

(Year in program) ________

Registration for Academic Year 2011-2012
(You will automatically be registered at the same status for the spring semester unless you notify the registrar of a change.)

Full Time _____ 1  Half Time _____ 2

Enclosed or attached is the required documentation for my continuing enrollment in the Ph.D. program (see enrollment instruction sheet. This form must be submitted with your documentation.)

Student Signature: ___________________________ Date: _______________________

Please complete form and return to: Ph.D. Office
Princeton Theological Seminary
P.O. Box 821
Princeton, NJ 08542-0803
Fax 609-497-7819

1 Normally students in years three and four are full time. Full time students are eligible for and must be enrolled in the Seminary’s health insurance plan, unless a waiver has been obtained through the Financial Aid Office.

2 May request to enroll in Seminary health insurance, normally eligible for loan deferment.

___________________________________________  For Office Use Only

Approved by Associate Dean for Curricula: ________________________________

Approved by Registrar: ________________________________

(revised 7/28/2011)