

Princeton Theological Seminary

PH.D. DOCUMENTATION APPROVAL FOR CONTINUATION

(Note: This is different than an Extension)

Required for Candidates in Years 5-9, who wish to enroll **full-time** or **half-time**. Those who register as less-than half-time are not required to complete and submit this form.

NAME _____ STUDENT ID# _____

PRESENT MAILING ADDRESS: _____

Year in program _____ PHONE _____

Registration for: Fall Semester, 2014-2015 Academic Year

Full Time _____¹ Half Time _____²

Enclosed or attached is the required documentation for my continuing enrollment in the Ph.D. program (see registration procedures for more specific instructions).

Student Signature: _____ Date: _____

This form must be submitted with your documentation. Please complete and return to:

Academic Affairs Office - Ph.D. Studies
Princeton Theological Seminary
Administration Bldg., Rm. 124
P.O. Box 821
Princeton, NJ 08542-0803
Fax 609-497-7819 Phone: 609-497-7818
Email: phd@ptsem.edu

¹ I understand that this means that I am working a minimum of 35 hours per week on my dissertation. 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 I understand that this means that I am working a minimum of 15 hours per week on my dissertation. I may request to enroll in Seminary health insurance, normally eligible for loan deferment.

_____ For Office Use Only _____

Approved by Associate Dean for Academic Administration: _____

Approved by Registrar: _____