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| A blue triangle with a cross  Description automatically generated | Appalachian School of Theology, Inc.11606 Nickelsville Hwy. Nickelsville, VA 24271 Phone: 276-479-3222Fax: 276-479-4222registrar@astva.org  |

**Appalachian School of Theology, Inc.**

**Class Registration Form**

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| Date: |  | Semester: |  | Fall |  | Spring |  |  |
| Campus:  |  | Nickelsville |  | Other |  |  |
| Class You are Enrolling In: |  |
| Full Legal Name: |  |  |  |  |
|  | (Last) | (First) | (Middle Initial) |
| Current Address:  |  |
|  | (Street address or post office box) |
|  |  |  |  |
|  | (City) | (State) | (Zip Code) |
| Phone Number: |  | Work Number: |  |
| Cell Phone: |  |  |  |
| Email Address: |  |  |
| Gender:  | Female |[ ]  Male |[ ]  Marital Status:  | Married |[ ]  Single |[ ]   |
|  Contact Person in Case of Emergency (Name, Relationship & Phone Number): |
|  |  |  |
| (Name) | (Phone) | (Relationship) |
|  |
| Church: |  |  |  |
|  | (Name) | (City) | (State) |
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| Are you currently serving in Christian Ministry? | Yes |[ ]  No [ ]  |  |  |
|  |  |  |  |  |  |
| If so, at what church and in what positions(s)? |  |
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| Educational Background: |  |
|  |  |  |  |
| (High School) | (City & State) | (Year of Graduation) |
|  |  |  |  |
| (College or University) | (City & State) | (Year of Graduation) |
|  |  |  |
| Payment Method: (*Please note*: We do not want anyone to be discouraged by thinking they cannot attend classes due to financial hardship. As such we encourage you to apply and further your learning experience knowing that God will provide your needs according to his riches in glory). If you are paying by check please make all checks payable to: **Appalachian School of Theology** and mail your form to Appalachian School of Theology, 11606 Nickelsville Hwy., Nickelsville VA 24271 you can email your registration form to registrar@astva.org and make your payment online at astva.org and click on the “Giving / Payment” link. Thank you. Please check all that apply below: \_\_\_\_\_ I wish to audit the class - $200 per 3 hour class. \_\_\_\_\_ I desire to enroll in the Associate’s Degree Program - $100 per credit hour or $300 per 3 hour course.\_\_\_\_\_ I desire to enroll in the Bachelor’s Degree Program - $100 per credit hour or $300 per 3 hour course. \_\_\_\_\_ I desire to enroll in the Master’s Degree Program - $200 per credit hour or $600 per 3 hour course and $750 for 12 credit hour for the Research Project. \_\_\_\_\_ I desire to enroll in the Doctorate Program - $750 per 12 hour project or $3,000 for all 4 projects.\_\_\_\_\_ I desire to enroll in one of the Degree Programs but need some guidance as to which Program best suites me. Please know that our Administration and Staff will be happy to provide guidance in this area.  |
|  |
|[ ]  Check for full payment |
|[ ]  Cash for full payment or paying online at astva.org website gift / payment portal.  |
|[ ]  Check or cash as partial payment. Please indicate the amount of payment.  |  |  |
|[ ]  I will pay at periodic installments throughout the semester as I can.  |
|[ ]  I am requesting partial scholarship assistance in the amount of \_\_\_\_\_\_\_\_\_\_\_\_. |  |
|[ ]  I am requesting a full scholarship |
|  |
| Do you have any health issues such as allergies, etc.. that our class needs to be aware of? If so, please answer below.  |
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Signature

(I hereby declare that to the best of my knowledge all information presented herein is accurate and complete)