

Meadville Lombard Theological School

Registration Card

Name: _____ ML Student No. _____ Qtr./Yr. _____

Current Address: _____ Home Phone: _____

City/State/Zip: _____ Work/Cell Phone: _____

In Case of Emergency, Contact: Name: _____ Phone: _____

ACTS/Div	Crs. No.	Course Title	Units	Instr.	M	T	W	Th	F

Soc. Sec. No.: _____

Date of Birth: _____

Degree Program: _____

E-mail: _____

The U of C Student Medical Plan

- _____ I will participate in the Student Medical Plan
- _____ I will participate in another comparable medical plan:

My insurance coverage is as follows:
 Insurance Co. Name: _____
 Policy No.: _____

List any current incompletes below (Quarter/Course Name):

I intend to graduate at the end of this academic term: Yes _____ No _____

Student's Signature: _____

Today's Date: _____

White-Registrar Yellow -Business Office Pink-Student Gold-Advisor