



Rockland Campus:
 Office of the Registrar
 Alliance Theological Seminary
 350 North Highland Ave
 Nyack, NY 10960
 Fax (845) 348-3918

New York City Campus
 Office of the Registrar
 Alliance Theological Seminary
 335 Broadway / 93 Worth St
 New York, NY 10013-3904
 Fax (917) 237-0399

CAMPUS WEB ENROLLMENT FORM

This form is required in order to set-up your online registration account, from which you may also view your grades, school financial records & other personal information. Please note that your account will NOT be activated, despite submission of this form, until the following have also been submitted to the Registrar's Office:

- Immunization records (for students born on or after January 1, 1957)
- Meningitis response form (for all students)
- Health insurance application or waiver (full-time students only – 12 credits or more)

Name: _____ SSN or DOB: _____

E-mail: _____

Exemptions:

_____ I am not required to submit immunization records because:

_____ I was born before January 1, 1957.

_____ I never plan to enroll in more than 1 course per semester at ATS.

_____ I am not required to submit health insurance information because I will be taking less than 12 credits this semester.

Requested Password _____

- Choose one that you will easily remember from semester to semester
- Lower case only

Signature _____ Date _____

Office use only:

_____ Immunization records (if applicable)

_____ Meningitis response form

_____ Health insurance application/waiver (if applicable)