

Full Name

Continuing Doctoral/Th.M. Student Form

Student ID

This form must be completed and submitted to Western Seminary when Doctor of Ministry, Doctor of Missiology or Master of Theology students have not enrolled in courses for more than one year. This form is not to be used by students who have exhausted their statute of limitations or for those who have withdrawn from their program.

If you find that you are in one of these situations, please contact your program coordinator to discuss the reapplication process. Doctor of Ministry students contact the D.Min. Coordinator at 877.517.1800 ext. 1824 or dthommen@westernseminary.edu, Doctor of Missiology or Intercultural Studies students contact the D. Miss. Coordinator at 877.517.1800 ext. 1904 or khedinger@westernseminary.edu, and Master of Theology students contact Todd Miles at 877.517.1800 ext. 1866 or tmiles@westernseminary.edu.

First Middle	Last		
Address	City	State Zip	
Email		Date of Birth	
Home Phone	Work Phone	Cell Phone	
SSN	Spouse Name		
Program	Anticipated Semester of Re-En	rollment	
Have there been any significant changes i below. Feel free to attach an additional pa	•	ou last enrolled in classes? If so, please sum	nmarize
I certify that the above information is acc	urate and complete.		
Signature		Date	
	end of your statute of limitations	s, please make an appointment with your p	
	PORTLAND CAMPUS		
	Attn: Demetrius Rogers		
	5511 SE Hawthorne Blvd		
	Portland, OR 97215-3367		
	(877) 517-1800 or (503) 517-1 (503) 517-1801 fax	1000	
	OFFICE USE ONLY		
Contact Information Updated	Upd	date Reviewed	