

**Registration Form**

**Honorary Doctor of Divinity (D.D)**

First Name:------------------------------------------------------------------------------------------------------

Middle Name:---------------------------------------------------------------------------------------------------

Last Name or Surname:----------------------------------------------------------------------------------------

Address:----------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------------------

Email:-------------------------------------------------------------------------------------------------------------

Phone Number:--------------------------------------------------------------------------------------------------

Place and Date of Birth:---------------------------------------------------------------------------------------

Gender at Birth:-------------------------------------------------------------------------------------------------

Do you have a High School Diploma?----------------------------------------------------------------------

Educational Qualifications:-----------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------

Occupation:-----------------------------------------------------------------------------------------------------

Work Experience:---------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------

1.Personal Reference Name, Address, Email and Phone Number:--------------------------------------

--------------------------------------------------------------------------------------------------------------------

2.Personal Reference Name, Address, Email and Phone Number:--------------------------------------

--------------------------------------------------------------------------------------------------------------------

I hereby certify that all the information I have given is accurate to the best of my knowledge. **Your minimum donation of $400 United States Dollar must accompany your registration form made payable to Trinity International Theological Seminary.**

Signature:--------------------------------------------------Date:-----------------------------------------------

**PLEASE NOTE: Email your registration form to** [**info@titseminary.org**](mailto:info@titseminary.org) **or by mail to Trinity International Theological Seminary, P. O. Box 1591, Owings Mills, MD 21117.**

**Your minimum donation of $400 United States Dollar must accompany your registration form made payable to Trinity International Theological Seminary. Payment can also be made on our website - http://www.titseminary.org/Tuition. Use any of the “Buy Now” button.**