

CRCDS Registration for Master's Level Courses, Spring 2021

Student Name: _____ Advisor Name: _____

Student Signature: _____ Advisor Signature: _____

Spring 2021 Course Offerings

Courses meet January 25 – May 14

Monday & Wednesday 11:45 a.m. – 1:00 p.m. (meets 2 days per week)

_____ CS 111 Biblical Greek II, Prof. Zingarelli-Sweet, Online

Monday 1:15 p.m. – 4:00 p.m.

_____ CF 110 Introduction to Ethics, Dr. Scarsella, Online

_____ CF 160 Faith Seeking Understanding, Dr. Brummitt, Online

Tuesday 1:15 p.m. – 4:00 p.m.

_____ CF 352 Methodist History & Doctrine, Dr. Tyson, Online

_____ CS 223 Pauline Politics, Dr. Choi, Online

Wednesday 1:15 p.m. – 4:00 p.m.

_____ PT 304 Forest Spirituality, Dr. Duguid-May, Online

Monday 6:15 p.m. – 9:00 p.m.

_____ CS 112 New Testament, Dr. Choi, Online

Tuesday 6:15 p.m. – 9:00 p.m.

_____ MS CF 280 Women and Gender Perspectives, Dr. Duguid-May, Online

Wednesday 1:15 p.m. – 4:00 p.m.

_____ CF 563 Faith Formation and Spirituality in the Episcopal Church, Dr. Rasmussen, Hybrid

Wednesday 6:15 p.m. – 9:00 p.m.

_____ PT 217 Introduction to Pastoral Care, Rev. Franklin and Rabbi Dr. Katz, Online

_____ CF 129 Reformation and Modern Church History, Dr. Tyson, Online

Thursday 6:15 p.m. – 9:00 p.m.

_____ Re CF MS 170 Intersectional Theology, Dr. Scarsella, Online

Winter Intensive 2021 Course Offering

January 4-8, 2021

_____ CS 203 Mark, Dr. Choi

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If you are taking any of the following indicate which term:

Thesis Writing – Masters: Term _____

Thesis Exam: Term _____

A course at another campus: Term _____ Name of campus: _____

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___ ***Will apply for financial aid. Must complete the CRCDS financial aid applications.***

Statement of Financial Responsibility

I understand that upon registering for classes at Colgate Rochester Crozer Divinity School, I become financially responsible to pay all charges for tuition, fees and on campus housing, if applicable. I understand it is my responsibility to know the tuition payment due date and pay my account balance by this date each term.

If I am a financial aid recipient, I understand that most funds will be disbursed to my student account. If a balance remains on my student account after financial aid is applied or if I fail to obtain financial aid, I understand I must pay my student account balance by the tuition payment due date each term.

If I am unable to pay the entire balance of my student account by the tuition payment due date, I must contact the Student Accounts Office and sign a payment plan approved by a Student Accounts Representative. Payment plans must be approved prior to the terms payment due date.

I understand that if I withdraw or drop a class after the 100% tuition refund period and there is a balance due on my student account, this balance must be paid in full upon withdrawal. If my withdrawal from a class or classes causes a portion or all of my financial aid to be returned to the source from which it originated (i.e. federal government, lender or other) I understand my student account will be charged for the returned funds and I am responsible to immediately pay the balance in full.

I understand that a past due balance may be subject to a \$50 per month late fee. In addition, a hold may be placed on my account which may prevent access to my transcripts or ability to register for future courses. Past due balances are subject to further collection activity including possible placement with a collection agency.

I understand that my student account balance is considered an educational debt and may not be discharged in bankruptcy.

I understand that if I do not pay my student account balance in accordance with the terms above, I may be responsible for all costs of collection including but not limited to late fees and litigation expenses.

I have read and agree to adhere to the terms and conditions of this Statement of Financial Responsibility. I have retained a copy of this document for my records.

Student Name (please print): _____

Signature of Student: _____ **Date:** _____

**RETURN COMPLETED FORM TO
Qhamora Kimbrough
qkimbrough@crcds.edu**

This form must be completed and submitted to Qhamora Kimbrough, the Registrar. The form should be submitted by the student after the advising session that should take place between the student and advisor.

If you have any questions regarding registration, please reach out directly to Qhamora Kimbrough at qkimbrough@crcds.edu.