

**Colgate Rochester Crozer Divinity School
Doctor of Ministry Degree**

Student Name _____ Advisor Name _____

Student Signature _____ Advisor Signature _____

Spring 2021 Course Offering

January 25- May 14, 2021

Thursday 6:15 p.m. – 9:00 p.m.

_____ INT 705 Intersectional Theology, Dr. Hilary Scarsella

Registration for January 4 to March 12, 2021

Residency Week 1: January 4-8

_____ INT 702 Practice Transformative Leadership in the CRCDS Tradition, Dr. John Tyson

Residency Week 2: January 11-15

_____ INT 701 Discerning the Context for Ministry in the 21st Century, Dr. Hilary Scarsella

Residency Week 3: March 1-5

_____ INT 745 Jewish Interpretation of the Bible: Talmud, Midrash and Beyond, Rabbi Peter Stein

_____ INT 711 Thesis Writing Colloquy, Pat Youngdahl

Residency Week 4: March 8-12

_____ INT 723 Gender Power and the Pulpit to Bodies Power and the Pulpit, Lisa Thompson

Thesis Writing

Candidacy Review Date _____

_____ Thesis Writing

_____ Thesis Writing Extension

or

_____ Thesis Writing I

_____ Thesis Writing II

or

_____ Thesis Continuation (Not federal Loan Eligible)

Other

_____ I am planning to take a directed study (must fill out directed study form)

_____ I am planning to take a course at another campus (must have permission from the Dean)

___ **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. You may also reach out by phone at 585-397-8801.