BEXLEY HALL EPISCOPAL SEMINARY
Rochester Campus

2007-08 Registration Form
Fall, January, Spring, Summer Terms

Name	Phone
Address	Email1
City, State, Zip	Email2

Term: Fall, Jan, Spring, Summer	School: (Bexley, CRCDS, SBSTM)	Course#	Course Name	Grade Code* (LG, PF, AU)

* Grade Code: LG = Letter Grade; PF = Pass/Fail; AU = Audit

Student Signature:	Date:
Advisor Signature:	Date:

Return this completed form to:

Bexley Hall Episcopal Seminary
26 Broadway
Rochester NY 14607-1704