

SS. Cyril & Methodius Seminary Registration Form

DATE	SEMESTER/YEAR	SOCIAL SECURITY #	ID NUMBER
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LAST NAME _____ FIRST _____ INITIAL _____
 ADDRESS _____ BIRTHDATE _____
 CITY/STATE/ZIP _____
 PHONE: HOME _____ CELL _____ EMAIL _____
 PLACE OF EMPLOYMENT _____ WORK PHONE _____
 EMERGENCY CONTACT NAME _____ PHONE _____

ARE YOU: New Student Returning Student Consortium Student

ARE YOU PURSUING

- M. Div.
- M.A. Theology
- M.A. in Pastoral Ministry

Have you been formally admitted to SS. Cyril & Methodius? Yes No Last Semester Enrolled _____

The following information is requested for Federal and State statistical purposes. Responses are not required, but appreciated.

Gender: Male Female Marital Status: Single Married Widowed Religious Other

Religious Affiliation: _____ Citizenship: _____ First Language: _____

Non-resident Alien (check one) Yes (if yes, stop here) No Hispanic or Latino (check one) Yes No

Race (check one or more):

- White Black/African Am. Asian Am. Indian/Alaskan Native Native Hawaiian/other Pacific

DEPT	COURSE NUMBER	INSTRUCTOR	COURSE TITLE	CREDITS	START TIME	END TIME	DAY	TUITION

Semester Registration Fee	\$175.00
Application Fee (One Time Only)	\$75.00
Picture ID Fee (If Applicable)	\$35.00
Total Tuition Due	\$

Processing of this form charges a **nonrefundable** registration fee.

Advisor Signature Date

Student Signature Date

MAIL TO: Registrar's Office • SS. Cyril & Methodius Seminary
3535 Indian Trail • Orchard Lake, MI 48324

Office Use: _____