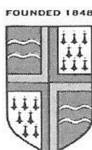

Saint Mary Seminary
and Graduate School of Theology

COURSE REGISTRATION FORM

(Please Print)

STUDENT INFORMATION

Last name:	First:	Middle Initial:

MAILING ADDRESS

Street address:	P.O. box:	City:	State:	ZIP Code:

Main contact phone no.:	Email address:	Social Security No.
( )		

BILLING ADDRESS (if different than above)

Attention:

Street address:	P.O. box:	City:	State:	ZIP Code:

For billing purposes, please check all that apply:

☐ Clergy	☐ DRE	☐ Religious	☐ Seminarian
☐ Pastoral Minister	☐ Pastoral Minister (in process of certification)		☐ Diocesan Employee

Diocese of Ministry:

Registering for: Fall, 20_____ Spring, 20_____ Summer Term 20_____

☐ New Student ☐ Returning Student – Last Semester/year attended (e.g. Spring 2011): ____________________________________

☐ Master of Divinity Year: ☐PT ☐1 ☐2 ☐3 ☐4 ☐5	☐ Doctor of Ministry Year: ☐1 ☐2 ☐3 ☐Continuing	☐ Master of Arts	☐ Continuing Education

REQUIRED COURSES

COURSE #	COURSE TITLE	CREDIT HOURS OR AUDIT (CHOOSE ONE PER COURSE)	
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit

ACADEMIC ELECTIVES

COURSE #	COURSE TITLE	CREDIT HOURS OR AUDIT (CHOOSE ONE PER COURSE)	
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit
		☐ Credit Hours # of hours_____	☐ Audit

IN CASE OF EMERGENCY

Person to contact in case of emergency:	Phone no.:	Alternate phone no.:
	( )	( )

Student Signature: Date: