

# 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
<b>Total Tuition Due</b>	<b>\$</b>

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: \_\_\_\_\_