



Course Registration Form

Course Registration For:

Student Status: _____

Fall	Spring	May
Summer	MA	MDiv
Non-Degree	Continuing Ed.	Year 20_____

New
Returning

Student Information

Last Name	First Name	Middle Name
Date of birth <input type="text"/>	Social Security Number	Religious Affiliation
Street Address	City	State
Country	E-Mail Address	Phone Number
Race	Ethnicity	
African-American/Black	Asian	
American Indian/Alaskan Native	Native Hawaiian/Pacific Islander	
White	Hispanic	
	Non-Hispanic	

Course Selection Please register me for the following course(s):

Course Name	Course #	Credits	Auditing	Fee	Amount Due
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Total Amount Due

Payment Information Tuition & fees must be paid upon registration.

Payment Method

Check

MasterCard

Visa

Name on check

Check #

Amount of Check

Name on Credit Card

Credit Card Number

Exp. Date

Security Code

**Please return completed form to the
Registrar's Office or email to
lkeller@shsst.edu.**



YOUR SEMINARY