



SACRED HEART MAJOR SEMINARY
OFFICE OF THE REGISTRAR
 2701 Chicago Blvd
 Detroit, MI 48206-1799
 Phone: 313-883-8512
 Fax: 313-883-8682

REGISTRATION FORM	
<input type="radio"/> Fall	20 _____
<input type="radio"/> Winter	20 _____
<input type="radio"/> Spring	20 _____
<input type="radio"/> Summer	20 _____

(Last)	(First)	(Initial)	Student ID#
--------	---------	-----------	-------------

(Address)	(City)	(State)	(Zip Code)	(Country)
-----------	--------	---------	------------	-----------

Home Phone: _____	Current Email Address _____
Business Phone: _____	<input type="checkbox"/> Check here if any information provided has changed

- Academic Status**
- | | |
|---|--|
| UNDERGRADUATE | GRADUATE |
| <input type="checkbox"/> AAM | <input type="checkbox"/> MDIV |
| <input type="checkbox"/> AB | <input type="checkbox"/> MAPS |
| <input type="checkbox"/> BPhil | <input type="checkbox"/> MA Theology |
| <input type="checkbox"/> Basic Diploma PM | <input type="checkbox"/> Grad Diploma PM |
| <input type="checkbox"/> Basic Diploma Music | <input type="checkbox"/> STB |
| <input type="checkbox"/> Intermediate Diploma | <input type="checkbox"/> STL |
| <input type="checkbox"/> Diaconal Studies | <input type="checkbox"/> Pre Reqs for Grad program |
| <input type="checkbox"/> Consortium Student* | <input type="checkbox"/> Consortium Student* |
| <input type="checkbox"/> Unclassified | <input type="checkbox"/> Unclassified |
| <input type="checkbox"/> Guest*** | <input type="checkbox"/> Guest*** |
- * Include Catholic Colleges' Consortium Form
 ***Include MI Uniform Guest Application

- Student Status**
- Commuter
 Resident
- Entry Code**
- New Student
 Continuing
 Returning Student (after 2 years or more)

- FINANCIAL AID APPROVED**
- AOD Catechetical
 Parish Empowerment
 Perm Diaconate
 Pastoral Ministry
- Seminary Funds
 Diocese
 Government
 Other

Dept	Course Number	Section	Course Title	Credit Hours AU = Audit course	Day/s	Time

CHARGES

Credit Hour Rate _____
 x Number of Credits _____

= SUB-TOTAL TUITION _____

Term Registration Fee _____

Late Registration Fee _____

Room & Board _____

TOTAL _____

Method of Payment: (check one)

Cash _____ Amount _____ Check # _____ Amount _____

Credit Card # _____

Exp Date _____ Amount \$ _____

TOTAL CREDITS

Student Signature _____

FERPA CONSENT & WAIVER
 With full knowledge of the rights recognized and guaranteed by the Family Education Rights & Privacy Act of 1974, I hereby consent to have all my academic records, including grade reports, transcripts & tests results given to my academic counselor. This consent is valid until I have reached inactive status or rescind this instrument in writing.

Date _____

Academic charges are payable at Registration. No student will be permitted to re-register, receive a transcript, or receive a degree until financial obligations are paid in full.