

Students who wish to audit a course must register using this form. Students must register for courses taken for credit via COR.



SACRED HEART MAJOR SEMINARY
OFFICE OF THE REGISTRAR
 2701 Chicago Blvd
 Detroit, MI 48206-1799
 Phone: 313-883-8545
 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#
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(Address)	(City)	(State)	(Zip Code)	(Country)
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Home Phone: _____	Current Email Address
Business Phone: _____	_____
<input type="checkbox"/> Check here if any information provided has changed	

Academic Status

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

Student Status

- Commuter
 Resident
 Post-Master Audit

Entry Code

- New Student
 Continuing
 Returning Student
 (after 3 years or more)

FINANCIAL AID APPROVED

- | | |
|---|--|
| <input type="checkbox"/> AOD Catechetical
<input type="checkbox"/> Parish Empowerment
<input type="checkbox"/> Perm Diaconate
<input type="checkbox"/> Pastoral Ministry | <input type="checkbox"/> Seminary Funds
<input type="checkbox"/> Diocese
<input type="checkbox"/> Government
<input type="checkbox"/> Other |
|---|--|

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

<input style="width: 100%;" type="text"/>	TOTAL CREDITS
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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 advisor. This consent is valid until I have reached inactive status or rescind this instrument in writing.

Date _____