

This form is only to be used when requesting to AUDIT a course. All other course registrations are to be completed online through COR.



SACRED HEART
MAJOR SEMINARY

SACRED HEART MAJOR SEMINARY
OFFICE OF THE REGISTRAR
2701 Chicago Blvd
Detroit, MI 48206-1799
Phone: 313-883-8545

REGISTRATION FORM	
○ Fall	20 _____
○ Winter	20 _____
○ Spring	20 _____
○ 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
___ AAM
___ AB
___ BPhil
___ Basic Diploma PM
___ Basic Diploma Music
___ Intermediate Diploma
___ Diaconal Studies
___ Consortium Student*
___ Unclassified
___ Guest*** | GRADUATE
___ MDIV
___ MAPS
___ MA Theology
___ Grad Diploma PM
___ STB
___ STL
___ Pre Reqs for Grad program
___ Consortium Student*
___ Unclassified
___ 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 | ___ Seminary Funds |
| ___ Parish Empowerment | ___ Diocese |
| ___ Perm Diaconate | ___ Government |
| ___ Pastoral Ministry | ___ Other |

Dept	Course Number	Section	Course Title	Credit Hours <small>AU = Audit course</small>	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
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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 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.