

SS. CYRIL AND METHODIUS SEMINARY
3535 Indian Trail
Orchard Lake, Michigan 48324

Registrar 248-683-0312
Fax 248-738-6735
email: acdean@sscms.edu

STUDENT REGISTRATION

_____ NEW STUDENT
 _____ RETURNING STUDENT

Current Registration: _____ FALL
 _____ WINTER YEAR _____
 _____ SPRING
 _____ SUMMER

 Student Number

 Date of Birth: MM / DD / YYYY

 E-mail Address

 Last Name

 First Name

 Middle Initial

 Street Address

 Apartment / Suite #

 Home Telephone

 City

 State

 Zip Code

 Business/Daytime Telephone

PROGRAM:

Program of Priestly Formation _____
 Master of Divinity _____
 Master of Arts in Pastoral Ministry _____
 Master of Arts in Pastoral Ministry
 (concentration in Catechetics) _____
 Master of Arts (Theology) _____
 Pre-Theology _____
 Unclassified / Guest Student _____

Tuition	_____
Room Fee	_____
Board Fee	_____
Registration Fee	_____
Parking Fee	_____
Program Application Fee	_____
ID Picture Fee	_____
_____	_____
_____	_____
TOTAL DUE \$	_____
Amount Paid \$	_____
BALANCE DUE \$	_____

<u>COURSE NO.</u>	<u>COURSE TITLE</u>	<u>DAY</u>	<u>TIME</u>	<u>CR / AU</u>	<u>PLACE</u>	<u>INSTRUCTOR</u>	<u>FEES</u>

 Program Director

 Date

 Business Office

 Date