NOTRE DAME SEMINARY

MA REGISTRATION FORM

Name: _____ Semester: _____

Address: _____ Date: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Social Security No: XXX - XX - _____ Date of Birth: _____

Applied for HOF Application : **YES** **NO** **Date:** _____

Church Ministry / Parish Work: _____

CURRICULUM APPROVAL: _____

Reserved For Treasurer	
Application Fee	40.00
Registration Fee	25.00
Tuition (per course)	
Audit Fee (per course)	
Technology Fee	25.00
Facility Fee	30.00
Key Deposit (one time)	**150.00**
TOTAL	

Course No.	Course Title	Credits	Instructor	Days & Hours