

(Please Type or Print)

# NOTRE DAME SEMINARY REGISTRATION FORM

Date: \_\_\_\_\_

Session:  Fall  Spring

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Title \_\_\_\_\_  
(Mr., Rev., etc.)

Local Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Send statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### ALL STUDENTS

- Seminarian  Off-Campus
  - Full time  Part time
  - Credit  Audit
  - Candidate for a degree
- Degree Title: \_\_\_\_\_

### SEMINARIANS ONLY

Diocese or Religious Order: \_\_\_\_\_

Year of Theology: \_\_\_\_\_

Are you taking any courses outside the Seminary this semester?

Yes  No Number of Hrs: \_\_\_\_\_

### PRIESTS AND RELIGIOUS ONLY:

Diocese or Religious Order: \_\_\_\_\_

Religious Initials: \_\_\_\_\_

### RESERVED FOR TREASURER

Admission Fee		
Registration		
Tuition		
Room & Board		
Key Deposit		
Retreat		
Insurance		
Graduation Fee		
Technology Fee		

**TOTAL:** \_\_\_\_\_

**APPROVAL:** \_\_\_\_\_

**CURRICULUM APPROVAL**

Course No.	Course Title	Credits	Instructor	Days and Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				