SETON HILL UNIVERSITY COURSE REGISTRATION FORM

Please check this information carefully; note corrections on the Demographic Verification Page prior to registering on-line.

Student ID:			Semester:			Campus Box:			
Student's Full Legal N	ame:					ferred Fire ferent from	st Name: n legal first name)		
Home Address:				Local Addre	Local Address:				
						T			
Home Phone:			Cell Phone:		Work Phone:				
Citizen Of: (Country)	Birth Date:	irth Date:			Gender:				
The following question	. Department of	Education)	For Office Use Or	nly				
reporting requirement Are you Hispanic or L				Date Verified:	 				
Please choose one or more of the following groups in which you con Non resident alien (not US citizen) American					sider yourself to be a member: Indian or Alaska Native				
Asian Black or Af					frican American				
Native Hawaii			nder						
Class Level:	only Children with	30 110t W	ют со гоорона	Anticipated	Grad Date				
	dergraduate	ПА	DP Teacher		Gradu		Certificate Progra	am	
UNDERGRADUATE					GRADU	ATE			
1 st 2 nd Major				3 rd	Graduate Program				
Minor						Certificate Program			
Certification			<u> </u>						
I have attended SHU Please check any		the	semeste	r in the	ye	ear.	Please return this Office of Finan		
		S <u>HU</u>	<u>, </u>		(c	ollege)	and the Regist Seton Hill Univ	rar	
parent of CHU full time student in High School Class								A 15601	
			<u> </u>				Phone: 724-83 Fax: 724-830-	1194	
							Email: helpfinre	g@setonhill.edu	
Course	Section	Sessio	on C	ourse Title			Instructor	Credits	
+									
Student's Signature Da			D-4-	Advisor'					
			Date	Auvisui	s Signatur	е		Date	
			Date		_	e		Date	
			Date	Your Ad	_	e		Date	