

**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 Name:		Preferred First Name: (if different from legal first name)																				
Home Address:		Local Address:																				
Home Phone:	Cell Phone:	Work Phone:																				
Citizen Of: (Country)	Birth Date:	Gender:																				
<i>The following question is optional, but helps SHU respond to U.S. Department of Education reporting requirements:</i> Are you Hispanic or Latino? <input type="checkbox"/> yes <input type="checkbox"/> no Please choose one or more of the following groups in which you consider yourself to be a member: <input type="checkbox"/> Non resident alien (not US citizen) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Race or Ethnicity Unknown/Do not wish to respond		For Office Use Only  Date Verified: _____  Registered By: _____																				
Class Level:		Anticipated Grad Date:																				
Select One: <input type="checkbox"/> Undergraduate <input type="checkbox"/> ADP <input type="checkbox"/> Teacher Certification <input type="checkbox"/> Graduate <input type="checkbox"/> Certificate Program																						
UNDERGRADUATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center">1<sup>st</sup></td> <td align="center">2<sup>nd</sup></td> <td align="center">3<sup>rd</sup></td> </tr> <tr> <td>Major</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Minor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Certification</td> <td></td> <td></td> <td></td> </tr> </table>			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Major				Minor				Certification				GRADUATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Graduate Program</td> <td></td> </tr> <tr> <td>Certificate Program</td> <td></td> </tr> </table>	Graduate Program		Certificate Program	
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>																			
Major																						
Minor																						
Certification																						
Graduate Program																						
Certificate Program																						
I have attended SHU before, during the _____ semester in the _____ year. Please check any which apply. I am: <input type="checkbox"/> post-baccalaureate (_____ SHU, _____ (college)) <input type="checkbox"/> parent of SHU graduate <input type="checkbox"/> a Sister of Charity <input type="checkbox"/> a Sister (other order) <input type="checkbox"/> parent of SHU full-time student <input type="checkbox"/> _____ in High School, Class _____		Please return this form to: <b>Office of Financial Services and the Registrar Seton Hill University Greensburg, PA 15601 Phone: 724-830-1010 Fax: 724-830-1194</b>																				

Course	Section	Session	Course Title	Instructor	Credits

Student's Signature	Date

Advisor's Signature	Date

Your Advisor:

All teacher certification candidates:

Education Faculty Signature	Date

Tuition refunds are subject to institution policy stated in the Seton Hill Catalog and available in the Office of Financial Services and the Registrar.  
The student will be responsible for all collection and legal fees incurred to collect payment of the bill.