

SETON HILL UNIVERSITY COURSE REGISTRATION FORM

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

Student ID:	Semester: Summer 2017	Campus Box:																				
Student Name:																						
Home Address:		Local Address:																				
Home Phone:	Cell Phone:	Work Phone:																				
Citizen Of:	Birth Date:	Gender:																				
<p><i>The following question is optional, but helps SHU respond to U.S. Department of Education reporting requirements:</i></p> <p>Are you Hispanic or Latino? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Please choose one or more of the following groups in which you consider yourself to be a member:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Non resident alien (not US citizen)</td> <td><input type="checkbox"/> American Indian or Alaska Native</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Black or African American</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian or other Pacific Islander</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Race or Ethnicity Unknown/Do not wish to respond</td> </tr> </table>		<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		<p style="text-align: center;">For Office Use Only</p> <p>Date Verified: _____</p> <p>Registered By: _____</p>												
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<input type="checkbox"/> Race or Ethnicity Unknown/Do not wish to respond																						
Class Level:		Anticipated Grad Date:																				
Select One: <input type="checkbox"/> Undergraduate <input type="checkbox"/> ADP <input type="checkbox"/> Teacher Certification <input checked="" type="checkbox"/> Graduate <input type="checkbox"/> Certificate Program																						
UNDERGRADUATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">1st</td> <td style="width: 33%; text-align: center;">2nd</td> <td style="width: 33%; text-align: center;">3rd</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 st	2 nd	3 rd	Major				Minor				Certification				GRADUATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Graduate Program</td> <td></td> </tr> <tr> <td>Certificate Program</td> <td></td> </tr> </table>	Graduate Program		Certificate Program	
	1 st	2 nd	3 rd																			
Major																						
Minor																						
Certification																						
Graduate Program																						
Certificate Program																						
I have attended SHU before, during the _____ semester in the _____ year. <i>Please check any which apply.</i> 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 _____		<p>Please return this form to: Community Arts Program Box 390F, One Seton Hill Dr. Greensburg, PA 15601</p>																				

Course	Section	Session	Course Title	Instructor	Credits
ED 710	21		Special Topics in Elem/Middle School	K. Campbell	3

Student's Signature	Date

Advisor's Signature	Date

Your Advisor:

Education Faculty Signature	Date

Student's Social Security Number—Optional but required for students to receive Federal Form 1098-T".