



<i>For Office Use Only:</i>	
Graduate Office:	
Received: _____	Date: _____
Business Office:	
Keyed by: _____	Date: _____

**REGISTRATION FORM
Atlanta 2009**

NAME: _____
 (Last) (First) (Middle/Maiden)
 ADDRESS: _____ Student #: _____ E-mail _____
 CITY: _____ STATE: _____ ZIP: _____ HOME/WORK PHONE: _____ / _____

Please check the appropriate box below.

I am a **current Spring Hill College student** taking this class for: Graduate Credit Undergraduate Credit Audit

I am **not a current Spring Hill College student** but I want to take this class for: Graduate Credit Undergraduate Credit Audit

Note: To receive graduate or undergraduate credit new students must apply for admission to Spring Hill College and complete the admission process including having official transcripts from all previous institutions of higher education sent to Graduate & Continuing Studies.

TRANSIENT STUDENTS: Please forward current college or university's transient form.

New this Year! Informal Audit of Spirituality course: no additional documents needed, no record or transcript kept

Session I: June 21 – June 26

Course No.	Title & Time	Credit	Audit
SPT			
SPT			

Session II: June 27 – July 2

Course No.	Title & Time	Credit	Audit
SPT			
SPT			

Charges

Tuition \$270.00 per course \$ _____
 Program Fee \$10.00 per course \$ _____
 Informal Audit \$125 per course \$ _____
 Colloquium \$75 or \$30 per lecture \$ _____
 I will be attending: (check below)
 June ___ 28___, 29, ___30
 Cookout \$10.00 per session (optional) \$ _____

TOTAL DUE \$ _____

PAYMENT ENCLOSED: Check/M.O. \$ _____

Visa MasterCard American Exp Discover

Card number _____ Expiration Date _____

Signature _____

Room & Board

Please fill out the separate sheet for room and board accommodations at Ignatius Retreat House. Note the optional meal plans. Make checks payable to "Ignatius Retreat House" for Room & Board and mail directly to Ignatius House.

I understand that I am preregistered for the courses listed above. All payments must be complete by registration day.

To receive a refund I must cancel on or before the first class meeting.

Signature _____

Dates _____

Have you previously attended Spring Hill College? No Yes Dates attended _____
 Under what name were you registered? _____

Return completed registration form to:

Ann Bailey
 C/o Holy Spirit Catholic Church
 4465 Northside Drive NW, Atlanta, GA 30327-3600
 E-mail: abailey@hscatl.com ♦ www.shc.edu/sics