



REGISTRATION FORM  
2010 Mobile

For Office Use Only:	
Graduate Office:	
Received: _____	Date: _____
Business Office:	
Keyed by: _____	Date: _____

NAME: \_\_\_\_\_  
 (Last) (First) (Middle/Maiden)  
 ADDRESS: \_\_\_\_\_ 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! Summer Easy Listening:** no additional documents needed, no record or transcript kept

**Session I: May 30 – June 5**

Course No.	Title
SPT	
SPT	

**Session II: June 6 – June 12**

Course No.	Title
SPT	
SPT	

Charges	
Tuition \$284.00 per course	\$ _____
Informal Audit \$125 per course	\$ _____
Colloquium \$75 or \$30 per lecture	\$ _____
I will be attending: (check below)	
June ___6___, 7___, 8	
Meals	\$ _____
Room	\$ _____
<b>TOTAL DUE</b>	\$ _____
<b>PAYMENT ENCLOSED</b>	\$ _____
<b>BALANCE DUE</b>	\$ _____
PAYMENT ENCLOSED: Check/M.O. \$ _____	
___ Visa ___ MasterCard ___ American Exp ___ Discover	
Card number _____	Expiration Date _____
Signature _____	

Room & Board	
<b>Meal Plan:</b> \$115.00 per week (optional) x ___ week(s) \$ _____ (includes Friday Cookout)	
<b>Cook-out:</b> \$10 per person; unless on the Meal Plan \$ _____	
<b>Housing:</b> Sunday – Friday nights (includes linen) See attached letter for details.	
<b>All housing designated non-smoking.</b>	
Single \$134.00 x ___ week(s) \$ _____	
Married couple \$227.00 x ___ week(s) \$ _____	
I understand that I am preregistered for the courses listed above. All payments must be complete by registration day.	
<b>To receive a refund I must cancel on or before the first class meeting.</b>	
Signature _____	Dates _____

Have you previously attended Spring Hill College? \_\_\_ No \_\_\_ Yes Dates attended \_\_\_\_\_

Return completed registration form to: Summer Institute of Christian Spirituality ♦ Spring Hill College  
 4000 Dauphin Street ♦ Mobile, Alabama 36608-1791  
 E-mail: [theology@shc.edu](mailto:theology@shc.edu)  
[www.shc.edu/sics](http://www.shc.edu/sics)