



711 KNOX ROAD | PO BOX 607 | EAST AURORA NY 14052 | (716) 652 8900 | F (716) 652 8903
WWW.CKS.EDU

GRADUATE COURSE REGISTRATION FORM

SEMESTER: Spring Summer Fall **PROGRAM:** MDiv MAT MAPM Uncertain Alumnus/a
 Year: _____ Are you in the Permanent Diaconate Program? Yes No

 Last Name First Name M.I.

 Street Address City/State/Zip

 E-mail Address (required)

 Home Phone Work Phone Cell Phone

 Emergency Contact Emergency Phone

| Course ID# | Course Title | Campus* | Credit Hours | Audit Hours |
|---------------------------------|--------------|---------|--------------|-------------|
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| | | | | |
| Total Credit/Audit Hours | | | | |

***Campus for distance learning courses:**
 CKS – Christ the King Seminary, NIAG – Niagara University, BONA – St. Bonaventure University, CAN – Canisius College

CHECK ALL THAT APPLY:

- Please DO NOT include my name, photograph, and address in the student directory.
- Please send me DEGREE COMPLETION GUIDELINES – I need information concerning:
 - MAT Written Comprehensive Exams MAT Thesis
 - MDiv Comprehensive Exams MAT Research Papers (3)
 - Comprehensive Theological Reflection
 Paper (for MDiv and MAPM students)

 Student Signature Date

OFFICE USE ONLY

Treasurer's Office: _____ Computer entry: _____ Academic Advisor: _____

Date Received: _____ Apply late fee