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**WWW.CKS.EDU**

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# GRADUATE COURSE REGISTRATION FORM

**SEMESTER:**  Spring  Summer  Fall Year: \_\_\_\_\_  
**PROGRAM:**  MDiv  MAT  MAPM  Uncertain  Alumnus/a  
 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
<b>Total Credit/Audit Hours</b>				

**\*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