Deacon Inquirers Registration  
Fall 2016

___________________________  ____________  ____________
Last Name  First Name  Middle Name

Address __________________________________________

Phone (h) ____________________ Phone (w) ____________________ E-mail ____________________

Social Security Number __________ - _____ - ________  □ Check box if this is a new address.

I am registering for the course(s) that are checked. (Place check mark in front of course.)

<table>
<thead>
<tr>
<th>✓</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Day</th>
<th>Classroom</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PHIL 110 D</td>
<td>Introduction to Philosophy</td>
<td>3.0</td>
<td>Saturday</td>
<td>#2</td>
<td>1:00-3:30</td>
</tr>
<tr>
<td></td>
<td>DO 946 D</td>
<td>Theology of the Diaconate</td>
<td>3.0</td>
<td>Saturday</td>
<td>#2</td>
<td>9:30-12:00</td>
</tr>
</tbody>
</table>

Total Credit Hours________________

I assume financial responsibility for the course(s) shown on this registration form and am aware of the school’s Drop/Add, Refund and Withdrawal policies.

__________________________________________  __________________
Student’s Signature  Date

Dates of Classes for Fall 2015:
- September 10, 17, 24
- October 1, 8, 15, 22, 29
- November 5, 12, 19
- December 3, 10
- December 17 – Final Exam