

**SEMINARY CONSORTIUM FOR
URBAN PASTORAL EDUCATION**

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Chicago, IL 60601
Phone: 312-726-1200
Fax: 312-726-0425

COURSE REGISTRATION FORM

NAME: _____ Title: _____

School/Church/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

e-mail: _____ Fax: _____

Course Title: _____

Course Date: _____

Check one: _____ CREDIT *

I am enrolled in a SCUPE member school Institute of Pastoral Studies, Loyola University

Have you ever taken a SCUPE course before? _____ No If yes, when? _____

Student's Signature Date

**PLEASE SUBMIT THIS FORM TO THE SCUPE REGISTRAR TO MAKE
YOUR COURSE REGISTRATION COMPLETE.**

[For Office Use Only]

Registration approved: _____

Registrar

Date

Date application fee received: _____ Date total payment received: _____