College of Saint Mary
7000 Mercy Road
Omaha, NE 68106

**registrar@csm.edu**
**402-399-2443**
http://www.csm.edu

**Registration Type:**

❑ Medical Interpreting Certificate ❑ Graduate Education Certification ❑Non-degree Seeking

❑ Senior (over 65) limit of 3 credits (free) ❑Alum Audit (no credit) limit of 3 credits (free) ❑Grant

| | |
|---|---|
| **Name**<br>_____<br>Last Name First Name Middle | **Social Security Number**_____<br>**Date of Birth** _____<br>**Gender:** ❑Female ❑Male |
| **Mailing Address**<br>_____<br>Address City State Zip | **Phone**<br>Home_____<br>Cell _____ |
| **Emergency Contact**<br>_____<br>Name Relationship Phone | **Email Address**<br>_____ |
| **Ethnicity:**<br>❑African-American or Black ❑American Indian/Alaskan Native ❑Asian ❑Hawaiian or Pacific Islander<br>❑Hispanic or Latino ❑Caucasian ❑Two or more races<br>**Citizenship**: ❑ U.S. ❑Other—What type of Visa do you hold?_____ | |
| ❑ First Time CSM Registration | ❑ Returning Student |

## Registration

| Course ID (Ex: ENG 101) | Section (Ex: D1) | Title | Credits |
|---|---|---|---|
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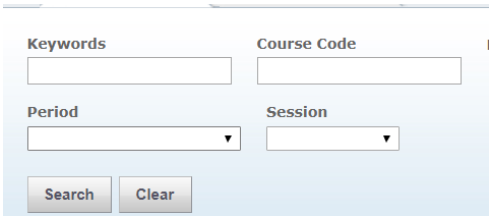
Course Offerings and descriptions can be found on www.csm.edu, Quick Links (bottom of the page), Class Schedule.




Signature_____ Date_____

**Return form to: Registrar's Office, 7000 Mercy Road, Omaha, NE 68106 or email to registrar@csm.edu or fax to 402-399-2341.**

**Billing statement and registration will be sent to you. Payment is due before the class begins.**