# MA Comprehensive Examination Registration Form

**REGISTRATION DEADLINE:** Tuesday, June 9th, 2015

## Student Information

- **Student ID (SS#)**

- **Mr.**  
- **Mrs.**  
- **Miss**  
- **Ms.**  
- **Dr.**  
- **Sr.**  
- **Br.**  
- **Rev.**  
- **Deacon**

- **Last Name** __________________________  
- **First Name** __________________________  
- **M.I.** ___

- **Address** ____________________________

- **Phone (Day)** ________________  
- **(Evening)** ________________

- **Email** ____________________________

*(Please note that your MA Comp Exam Study Guide should say “Approved May 2011”)*

## Payment

Payment in full is due with registration.

**Fees**  
The following fee is applicable for 2013-2014 Academic Year

- **MA Comprehensive Exams** $ 150
- **Returned check fee** $ 20

## Payment by Check

(please enclose check with registration form)

- **Check #** ______________  
- **Amount** ________________  

*Checks are payable to St. Charles Borromeo Seminary*

## Payment by Credit Card

(Please check:  
- [ ] Master Card  
- [ ] Visa  
- [ ] Discover)

- **Card #** ______________________________  
- **Exp. Date** __________________________

- **C V V #** (last three digits on back of card) ______________  
- **Signature:** __________________________

Mail completed forms along with payment to:  
St. Charles Borromeo Seminary  
Attn: Finance Office  
100 E. Wynnewood Road  
Wynnewood, PA 19096

Email: gstbilling@scs.edu  
Call: 610-785-6201 or if paying by credit card only: Fax: 610-667-3971