



Catholic Campus Ministry at ULM **Student Registration Form**

Date: _____

Name: _____

Birthday: _____

New CCM Student _____ Returning CCM Student _____

School: ULM DCC LATech LSUS VCOM
 SUS GSU LSUHSC BPCC NSSN Centenary

Major: _____

Expected Graduation Date: _____

CWID: _____

Student Email: _____

Cellphone: _____

Local Mailing Address: _____

Parents' Names: _____

Parents' Mailing Address: _____

Parents' Emails: _____

*Your cell phone number will be added to our Flocknotes and Groupme to keep you up to date on all CCM news, however, you can opt out at any time.

Received a key card? _____ yes _____ no