

Student Registration

PLEASE PRINT

The Newman Center at UB
Catholic Campus Ministry since 1936
State University of New York at Buffalo



Name _____
(Last) (First) (Middle Initial)

Email Address _____

Class (Please Circle One) Freshmen Sophomore Junior Senior Graduate Medical Student Dental Student Law Student

Expected Date of Graduation _____ Major _____

International Student Yes _____ Do you belong to a Fraternity or Sorority? Yes _____
(Country) (Name)

School Address _____
(Street/Residence Hall) (Room/ Apt. Number) (City) (Zip Code)

School Phone _____ Date of Birth _____ / _____ / _____ Male _____ Female _____
(Month) (Date) (Year)

Home Diocese _____ Home Parish _____

Which Sunday Mass are you more likely to attend?

6:30 PM Mass in the Newman Chapel (North Campus) _____

8:00 PM Mass at St. Joseph Univ. Church (South Campus) _____

Other Mass: _____

Liturgical Involvement and Interests (Please circle the areas of interest)

Eucharistic Minister Sacristan (Set up worship space) Lector
Hospitality Musicians (Singers/Instrumentalists)

Ministry Opportunities and Leadership Training (Please circle the areas of interest)

Spiritual

Weekend Overnight Retreats
RCIA/Adult Confirmation

Day Retreats
Lecture Series

Faith Sharing through Bible Study
Newman Book Club

Social Ministry

Intramural Sports

Outings (ex. Apple Picking, Musicals, Tubing, etc.)

Special Events

Service Ministry

Service opportunities
Web Page Design & Support

Alternative Spring Break Trip
Teacher for Religious Ed. at Newman Parish

Art and Design

How can we serve you? _____

Family Information

Father's Name _____

Mother's Name _____

Address _____
(Street)

Address _____
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

Phone _____
(Area Code)

Phone _____
(Area Code)

Occupation _____

Occupation _____

Which address is your permanent one? Father Mother Both (Please Circle)

Thank You For Your Cooperation!