COLLEGE OF
Saint Benedict Saint John's
UNIVERSITY

CONTINUING EDUCATION REGISTRATION FORM

SOCIAL SECURITY NUMBER ☐☐☐ - ☐☐ - ☐☐☐☐

TERM ❑ Fall ❑ Spring ❑ Summer

YEAR _____

PRINT LAST NAME | FIRST | MIDDLE | MAIDEN NAME

ADDRESS

_____

_____

_____
CITY STATE ZIP CODE

HOME RESIDENCE

_____
STATE

_____
COUNTY
(Minnesota Residents Only)

CITIZENSHIP

_____
COUNTRY

DATE OF BIRTH

_____
(MO) (DAY) (YEAR)

HOME TELEPHONE NUMBER: ___-___-____

Gender: ❑ Male ❑ Female
Marital Status: ❑ Married ❑ Single
School Attending ❑ CSB ❑ SJU

DEGREE ALREADY EARNED:
❑ Bachelor ❑ Master ❑ Doctorate

Year Earned: _____
College: _____

RELIGIOUS DENOMINATION:
❑ Roman Catholic ❑ Baptist ❑ Methodist ❑ Lutheran
❑ Episcopalian ❑ Jewish ❑ Moslem ❑ Buddhist
❑ Hindu ❑ Other Religion _____

Check One (We are required to request this information by Federal Statute)
❑ Hispanic ❑ Asian or Pacific Islander
❑ White Non-Hispanic ❑ American Indian or Alaskan Native
❑ Black Non-Hispanic ❑ Non-Resident Alien

***** Please list below the course(s) for which you are now registering: *****

SUBJECT	COURSE #	SECTION #	TITLE	CREDITS	INSTRUCTOR
Please indicate 1 or 2 alternate choices in case your first choice is unavailable.					

PLEASE RETURN REGISTRATION FORM TO:

→ Continuing Education
c/o Office of Academic Advising
→ College of Saint Benedict
37 South College Avenue
→ St. Joseph, MN 56374-2099

PLEASE REMIT YOUR DEPOSIT DIRECTLY TO:

David Schneider ←
Office of Student Accounts
College of Saint Benedict ←
37 South College Avenue
St. Joseph, MN 56374-2099 ←

******* A $100 deposit must be sent to Student Accounts at the time you submit this form. *******

Have you ever taken any classes through CSB/SJU?

(This includes Continuing Education, Lifelong Learning, Willmar-Extension, Newman Center Extension, Military Science, SJU Prep School Program, St. Cloud Hospital School of Nursing, or Ministry Formation Program)

❑ No ❑ Yes Time of Last Attendance _____
(Term) (Year)

_____
STUDENT SIGNATURE DATE

In order to process your Registration, please indicate Educational Goal:

❑ Degree ❑ General Interest
❑ Certificate (Management or Ministry)

OFFICE USE ONLY

ENTERED _____

12/04