

OFFICE OF THE REGISTRAR

DATA COLLECTION FORM - PREPARATORY STUDENT

BANNER ID NUMBER		SOCIAL SECURITY NUMBER		TERM		YEAR
Fall		Spring				
PRINT LAST NAME			FIRST	MIDDLE		
HOME ADDRESS				HOME RESIDENCE		CITIZENSHIP
				STATE		COUNTRY
CITY		STATE	ZIP CODE		DATE OF BIRTH	
				COUNTY <small>(Minnesota Residents Only)</small>		
HOME TELEPHONE NUMBER: _____					(MO)	(DAY)
					(YEAR)	
CLASSIFICATION:		GENDER:		MARITAL STATUS:		
Prep Student		Male Female		Married Single		
RELIGIOUS DENOMINATION:						
Roman Catholic		Lutheran	Methodist	Episcopalian	Baptist	Jewish
Moslem		Buddhist	Hindu	Other Christian	Other Non-Christian	No Religion
Check One (We are required to request this information by Federal Statute)						
Asian or Pacific Islander		Black Non-Hispanic		White Non-Hispanic		
American Indian or Alaskan Native		Hispanic		Non-Resident Alien (non-USA citizen)		
PLEASE INDICATE THE COURSE(S) FOR WHICH YOU ARE NOW REGISTERING:						
CRN	SUBJECT	COURSE #	SECTION #	TITLE	CREDITS	INSTRUCTOR

Have you ever taken any classes through St. Ben's/St. John's?

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

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY
ENTERED _____