COLLEGE OF
Saint Benedict Saint John's
UNIVERSITY

OFFICE OF THE REGISTRAR

SPECIAL DIOCESE - DATA COLLECTION FORM

SOCIAL SECURITY NUMBER ☐☐☐ – ☐☐ – ☐☐☐☐

TERM ☐ FALL ☐ SPRING ☐ SUMMER

YEAR _____

PRINT LAST NAME | FIRST | MIDDLE | MAIDEN NAME

HOME ADDRESS

_____

_____

_____
CITY STATE ZIP CODE

HOME RESIDENCE

_____
STATE

_____
COUNTY
(Minnesota Residents Only)

CITIZENSHIP

_____
COUNTRY

DATE OF BIRTH

_____
(MO) (DAY) (YEAR)

HOME TELEPHONE NUMBER: ___ — ___ — ____

CLASSIFICATION:

☑ Special Diocese

Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Single

School Attending ☐ CSB ☐ SJU

RELIGIOUS DENOMINATION:

- ☐ Roman Catholic
- ☐ Baptist
- ☐ Methodist
- ☐ Episcopalian
- ☐ Lutheran
- ☐ Jewish
- ☐ Buddhist
- ☐ Hindu
- ☐ Moslem
- ☐ Other Religion _____

DEGREE ALREADY EARNED:

☐ Bachlor ☐ Master ☐ Doctorate

Year Earned: _____

College: _____

Check One (We are required to request this information by Federal Statute)

- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Black Non-Hispanic
- ☐ Hispanic
- ☐ White Non-Hispanic
- ☐ Non-Resident Alien

PLEASE CHECK THE COURSE(S) FOR WHICH YOU ARE NOW REGISTERING:

Course CRN	SUBJECT	COURSE #	SECTION #	TITLE	CREDITS	INSTRUCTOR

Have you ever taken any classes through St. Ben's/St. John's?
(This includes Continuing Education, Lifelong Learning, Willmar-Extension, Newman Center Extension, Military Science, SJU Prep School Program or St. Cloud Hopsital School of Nursing.)

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

_____
STUDENT SIGNATURE DATE

OFFICE USE ONLY

ENTERED _____

7/04