SAINT JOHN'S UNIVERSITY **OFFICE OF THE REGISTRAR** COLLEGE OF SAINT BENEDICT

DATA COLLECTION FORM

BANNER ID 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: |___|___|___| – |___|___|___| – |___|___|___|___|

CLASSIFICATION:
- ☐ Special Student
- ☐ Graduate Student
- ☐ Prep Student
- ☑ *Faculty/Staff/Support Staff/Spouse

Major (if known) _____

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
- ☐ Episcopalian
- ☐ Lutheran
- ☐ Jewish
- ☐ Buddhist
- ☐ Hindu
- ☐ Moslem
- ☐ Other Religion _____

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 LIST BELOW THE COURSE(S) FOR WHICH YOU ARE NOW REGISTERING:

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 _____

5/95

*If you are an employee or the spouse of an employee you must also fill out the appropriate Class Authorization Form