

OFFICE OF THE REGISTRAR

DATA COLLECTION FORM - SCHOOL OF THEOLOGY

SOCIAL SECURITY NUMBER <input style="width: 95%; height: 20px;" type="text"/>	BANNER ID NUMBER <input style="width: 95%; height: 20px;" type="text"/>	TERM <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR _____			
PRINT LAST NAME		FIRST	MIDDLE			
HOME ADDRESS _____ _____		HOME RESIDENCE _____ STATE _____ COUNTY <small>(Minnesota Residents Only)</small>	CITIZENSHIP _____ COUNTRY _____ DATE OF BIRTH _____ <small>(MO) (DAY) (YEAR)</small>			
HOME TELEPHONE NUMBER: _____						
CLASSIFICATION: <input checked="" type="checkbox"/> Graduate Student Major (if known) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single School Attending <input checked="" type="checkbox"/> SJU	RELIGIOUS DENOMINATION: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Episcopalian <input type="checkbox"/> Lutheran <input type="checkbox"/> Jewish <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Moslem <input type="checkbox"/> Other Religion _____				
DEGREE ALREADY EARNED: <input type="checkbox"/> Bachelor Year Earned: _____ <input type="checkbox"/> Master <input type="checkbox"/> Doctorate College: _____						
Check One (We are required to request this information by Federal Statute) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> 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 Hospital School of Nursing.)

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

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