

OFFICE OF THE REGISTRAR

DATA COLLECTION FORM - SPECIAL STUDENT

BANNER ID NUMBER		SOCIAL SECURITY NUMBER		TERM			YEAR
				FALL	SPRING	SUMMER	
PRINT LAST NAME		FIRST		MIDDLE		MAIDEN NAME	
HOME ADDRESS				HOME RESIDENCE		CITIZENSHIP	
CITY				STATE		ZIP CODE	
				STATE		COUNTRY	
				COUNTY <small>(Minnesota Residents Only)</small>		DATE OF BIRTH	
HOME TELEPHONE NUMBER: _____						(MO)	(DAY)
CLASSIFICATION:		Gender:		RELIGIOUS DENOMINATION:			
Special Student		Male Female		Roman Catholic		Hindu	
Faculty / Staff / Support Staff		Marital Status:		Methodist		Moslem	
Spouse of Employee		School Attending		Baptist			
		CSB SJU		Lutheran			
Seeking Degree? Yes No		DEGREE ALREADY EARNED:		Episcopalian			
		Bachelor Master Doctorate		Jewish			
		Year Earned: _____		Buddhist			
		College: _____		Other Christian _____			
				Other Non-Christian _____			
				None _____			
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 of Nursing)

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

OFFICE USE ONLY
ENTERED _____

STUDENT SIGNATURE _____ DATE _____

**** If you are an employee or the spouse of an employee, you must also fill out the appropriate Class Authorization Form & hand them in together**