

**OFFICE OF THE REGISTRAR**

**DATA COLLECTION FORM – SPECIAL DIOCESE**

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| **TERM**:  Fall  SpringSummerYear:  **STUDENT NAME** *(Last, First, Middle)****:*** **Former name:**  **BANNER ID#** *(if known):* **Social Security Number** *(will not be displayed):*    **HOME ADDRESS:**      **COUNTY** *(MN residents only):*  **CITIZENSHIP** *(country):* USA  Other**:**  **HOME PHONE**:**CELL PHONE** *(optional)*: **WORK PHONE** *(optional)*:  **Email**:  **Gender:**  Male  Female  **Marital Status:**  Married  Single  **DATE OF BIRTH**:  **Ethnic** *(We are required to request this information by Federal Statute)*:  Asian  American Indian or Alaskan Native  Black Non-Hispanic  Hispanic  Native Hawaiian/Pacific Islander  Two or More Races White Non-HispanicNon Resident Alien *(non US Citizen)*  **Religious Denomination:**  Roman Catholic  Methodist  Baptist  Lutheran  Episcopalian  Jewish  Buddhist  Hindu  Moslem  Other Christian:  Other Non-Christian:  None  **SEEKING DEGREE?:**  Yes  No  **DEGREE ALREADY EARNED:**  Bachelor  Master  Doctorate  Year Earned:  College:  **Have you ever taken any classes through St. John’s University or St. John’s University?**:  *(This includes Continuing Education, Lifelong Learning, Willmar-Extension, Newman Center Extension, Military Science, SJU Prep School Program, St. Cloud Hospital of Nursing, or Special Diocese)*  Yes  No **Time of last Attendance** *(Term & Year):* |

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| **PLEASE INDICATE COURSE(S) FOR WHICH YOU ARE NOW REGISTERING** | | | | | | | |
| ***CRN*** | ***SUBJECT*** | ***COURSE#*** | ***SECTION#*** | ***TITLE*** | ***CREDITS*** | ***AUDIT*** | ***INSTRUCTOR*** |
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| ***Student Signature***:**Date:** Click here to enter a date. | | | | | | | |
| **Office Use only**  ***Entered***: **Date:** Click here to enter a date. | | | | | | | |

***Revised 8/2011***