

**OFFICE OF THE REGISTRAR**

**DATA COLLECTION FORM – SPECIAL DIOCESE**

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|  **TERM**: [ ]  Fall  **[ ]** Spring **[ ]** SummerYear: **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-Hispanic **[ ]** Non 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***