

**SAINT PAUL SCHOOL OF THEOLOGY**  
www.spst.edu

**Kansas City, MO**  
**(816) 483-9600**

**Oklahoma City, OK**  
**(405) 208-5757**

Last name, first name (*legal name*): \_\_\_\_\_ Nickname: \_\_\_\_\_

Check one of the following: \_\_\_\_\_ DMin    \_\_\_\_\_ MACM    \_\_\_\_\_ MA(TS)    \_\_\_\_\_ MDiv    \_\_\_\_\_ Non-Degree

Specialization/Concentration: \_\_\_\_\_ **Primary Campus:**     KC     OKC

If non-degree, check one:    \_\_\_\_\_ Advanced COS    \_\_\_\_\_ Certification    \_\_\_\_\_ Deacon  
    \_\_\_\_\_ Denominational Studies    \_\_\_\_\_ Visiting  
    \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**Fall semester, Year** \_\_\_\_\_ **Campus of Classroom Attendance**     KC     OKC

Course #	Section	Credits	Course title	Time and day(s)

Total hours: \_\_\_\_\_

**January term, Year** \_\_\_\_\_

Course #	Section	Credits	Course title	Time and day(s)

Total hours: \_\_\_\_\_

**Spring semester, Year** \_\_\_\_\_ **Campus of Classroom Attendance**     KC     OKC

Course #	Section	Credits	Course title	Time and day(s)

Total hours: \_\_\_\_\_

**Summer term, Year** \_\_\_\_\_

Course #	Section	Credits	Course title	Time and day(s)

Total hours: \_\_\_\_\_

OVER

**Student information** (Please print legal name):

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name Middle Name

\_\_\_\_\_  
Preferred address

\_\_\_\_\_  
City, state ZIP

\_\_\_\_\_  
Day phone Primary

\_\_\_\_\_  
Evening phone Primary

\_\_\_\_\_  
Cell phone Primary

\_\_\_\_\_  
Personal email

\_\_\_\_\_  
Emergency contact/Emergency contact phone

\_\_\_\_\_  
Relationship to emergency contact

**Information requested for reporting purposes only:**

\_\_\_\_\_  
Birth date

**Part A**  
Are you Hispanic/Latino of any race? Yes\_\_ No\_\_

\_\_\_\_\_  
Social Security Number

*If "Yes" then skip Part B and Part C*

\_\_\_\_\_  
Gender

*If "No" continue to Part B and/or Part C and check any of the following racial groups that apply.*

\_\_\_\_\_  
Denomination

- Part B**
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Two or more races

\_\_\_\_\_  
Conference/Judicatory

- Part C**
- Nonresident Alien

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor signature (Degree students are required to obtain this signature.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar initials

\_\_\_\_\_  
Date

Return this form to:  
Registrar  
Saint Paul School of Theology  
5123 East Truman Road  
Kansas City, MO 64127