Master of Theological Studies Registration Form

Name: _____
(Last) (First - Legal) (Middle Name) (Nickname)

Current SNC Students - Indicate SNC I.D. Number: |_0_|_0_|_0_|__|__|__|__|__|__|

Address Information

_____
(Street) (City) (St) (Zip)

Phone Number: (_____) _____ - _____ E-Mail: _____

Previous SNC Enrollment: Have you ever taken a course through SNC before? ____ No ____Yes
If, yes, when were you last enrolled ? _____

|__|__|__| - |__|__| - |__|__|__|__| **Date of Birth: _____ - _____ - _____**
Social Security Number **(Month) (Day) (Year)**

The following information is used by SNC for federal reporting purposes and is required for registration.

Indicate Sex: ____ Male ____ Female Indicate Religion: _____

Indicate Ethnicity: ____ Not Hispanic or Latino ____ Hispanic or Latino

Indicate Race(s): ____ American Indian ____ Asian ____ Black or African American
(check one or multiple boxes) ____ Hawaiian/Pacific Islander ____ White

Course Enrollment Information: To register as an auditor (No Credit) indicate 0 credits and check Audit line.

CRN #	Course #	Course Title	Credits	Audit	Tuition*	Term

I hereby acknowledge financial responsibility for the tuition and fees resulting from this registration

_____ _____
Students Signature Date

Please return this form to:
MTS Program Coordinator, Becky Candelaria, 5825 Coors Rd. SW, Albuquerque, NM 87121