



Master of Theological Studies Registration Form

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

Current SNC Students - Indicate SNC I.D. Number:

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? _____

Social Security Number

Date of Birth: ____ - ____ - ____
(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, 5825 Coors Rd. SW, Albuquerque, NM 87121