

Course Registration Form

Please complete application and email/fax/mail to:

GPME, University of St. Thomas Phone: (651) 962-5870
2115 Summit Ave., LOR 103 Fax: (651) 962-5886
St. Paul, MN 55105-1096 Email: gradmusic@stthomas.edu

Student Information New Address

Title: Mr. Mrs. Miss Ms. Dr.
Gender: Male Female

Registration Term

Spring 20__
 Summer 20__
 Fall 20__

Name: _____ Date of Birth: _____
Last First M. I.

Permanent Address: _____
Street

City County State & Zip Code Country

Phone: _____
Day Evening Cell

E-mail: _____

University of St. Thomas ID #: _____ **OR** Social Security #: _____

Baccalaureate Degree Earned: _____ Year: _____

Major: _____ Institution: _____

Course Registration

Course # & Section	Course Title	# Credits	Degree	NonDegree	Audit
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**** All Performance Studies registrations MUST include instructor name AND length of study (30 minutes or 50 minutes) or registration will not be processed.**

Citizenship

The University of St. Thomas is required to report student profile information to the state and federal government. Your responses are confidential and will not influence admission to the university.

Country of Citizenship _____ United States Citizen Permanent Resident of the United States

Foreign students Visa type _____ Visa # _____

Ethnicity White Black or African American Nat Hawaiian/Pacific Islander
 Asian Two or More Races American Indian/Alaskan Native
 Declined Race/Ethnicity Unknown Hispanic or Latino

U.S. Military Veteran No Yes, and veteran status: _____

Students with Disabilities

The University of St. Thomas provides support services for all students with disabilities. If you have a learning disability/ADHD/ADD or physical or psychological disabilities, contact the Enhancement Program at (651) 962-6315 or visit stthomas.edu/enhancementprog.

I have read & understand the terms of registration and I understand the information in this document may be subject to change.

Signature: _____ Date: _____