

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

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

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

Last name, first name (Please print): \_\_\_\_\_

Check one of the following: \_\_\_\_\_ DMIN    \_\_\_\_\_ MASM    \_\_\_\_\_ MATS    \_\_\_\_\_ 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** \_\_\_\_\_

| 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** \_\_\_\_\_

| 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):

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

\_\_\_\_\_  
First name

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

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

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

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

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

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

\_\_\_\_\_  
Emergency contact

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

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

**Information requested for reporting purposes only:**

Are you Hispanic/Latino? Yes\_\_\_ No\_\_\_

*If "Yes" please proceed to section on the right.*

*If "No" please indicate whether you are from one or more of the following racial groups.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
  
- Nonresident Alien

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Gender

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

\_\_\_\_\_  
Denomination

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

\_\_\_\_\_  
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 E Truman Road  
Kansas City, MO 64127