

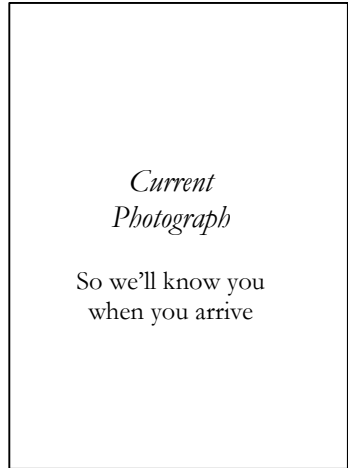


For Office Use Only

Colleague ID:

STATISTICAL INFORMATION FORM FOR NEWLY-ENTERING STUDENTS

To confirm your intent to enroll as a degree student at SFTS, please type or print in ink the requested information and/or check the appropriate information line, and send the form to Susan Lawlor, Academic Services Coordinator, at the above address. This data is for SFTS use only. Please attach a photo so we'll know you when you come.



Full Name: Last First Middle ()

Current Telephone Number (please provide country & city code if not U.S.) Email

Current Mailing Address

City State Zip Country

PERSONAL INFORMATION

Social Security # Gender Handicapped/Disabled

Marital Status: Single Married Spouse's Name

Names and Ages of Dependent Children

RACIAL/ETHNIC CATEGORY (to comply with Office of Civil Rights Ruling; US Citizens only)

White Non-Hispanic Black Non-Hispanic Hispanic Asian-Pacific Native American

Date of Birth Place of Birth Citizenship

IF NOT A US CITIZEN, DO YOU NEED SFTS TO ISSUE AN I -20 FORM TO APPLY FOR A STUDENT VISA? Yes No

IF YES AND VISA SHOULD COVER PERSONS BESIDES YOURSELF, GIVE NAME, BIRTHDATE, BIRTHPLACE, GENDER, & RELATIONSHIP:

IF TRANSFERRING FROM ANOTHER SCHOOL, GIVE NAME OF SCHOOL

NOTE: We must have evidence of adequate financial support for your studies before we can issue the 1-20. Please send the information with this form or immediately thereafter.

HOME TOWN, STATE/COUNTRY

PERSON TO BE NOTIFIED IN AN EMERGENCY:

Name

Relationship Telephone Number

Address

STUDENT STATUS

Term and Year in which you will begin: Will you be Full Time? or Part-Time?

SFTS: M.Div. Junior Middler Senior Mats 1st Year Mats 2nd Year DMin Dasd CPE Other

GTU: AREA M.A. 1st Year M.A. 2nd Year Ph.D. Th.D.

Will you commute? Or live on campus? Campus Address (if known)

ECCLESIASTICAL STATUS

Home Church Name and Location

DENOMINATION: PC(USA) OTHER (give full name of denomination)

PRESBYTERY OR ORDAINING BODY

STATUS: Inquirer Under Care Ordained Other (explain)

Yes, I intend to be a student at SFTS and have completed the information honestly and to the best of my ability. You have my permission to release information about my upcoming matriculation. In support of my ordination and future ministry, SFTS has my permission to freely share with Church and government agencies in regard to my enrollment and progress at San Francisco Theological Seminary. The information contained is true and correct.

DATE SIGNATURE