UNIVERSITY of ST. THOMAS

Graduate Programs in Music Education
Student Information Questionnaire

The university is required to report student profile information to the state and federal governments.
Your responses are confidential and will not influence admission to the university.

Please complete questionnaire and send/fax to:
GPME, University of St. Thomas
2115 Summit Ave., LOR 103
St. Paul, MN 55105-1096

Phone: (651) 962-5870
Fax: (651) 962-5886

Student Information

Title: ☐Mr. ☐Mrs. ☐Miss ☐Ms. ☐Dr.
Gender: ☐Male ☐Female
Marital Status: ☐Married ☐Single ☐Widowed ☐Legally Separated ☐Not Reported

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

Permanent Address: _____
Street

_____
City County State & Zip Code Country

Phone: _____
Day Evening Cell

E-mail (s): _____

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

Emergency Contact person (s): _____ Phone #: _____

Citizenship

☐United States Citizen ☐Permanent Resident of the United States

Foreign student: Visa type _____ Visa number: _____

Country of citizenship: _____

U..S. military veteran: ☐ No ☐ Yes, and veteran status: _____

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

Religion

☐American Indian Religions ☐Baptist ☐Buddhist ☐Chinese Religions
☐Episcopalian ☐Hindu ☐Jewish ☐Lutheran (ELCA)
☐Lutheran (non-ELCA) ☐Methodist ☐Muslim ☐Orthodox Christian
☐Other Christian ☐Presbyterian ☐Roman Catholic ☐No Religious Affiliation
☐Other Non-Christian ☐Declined

Disabilities or Other Special Needs

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 www.stthomas.edu/enhancementprog.

Legacy (Connection with the University of St. Thomas)

☐Alumni ☐Relative of Employee ☐Parent ☐Employee ☐Grandparent ☐Retired ☐Sibling ☐None

I have read & understand that the information provided in this document will be used for required state and federal governments statistical reporting.

Signature: _____ Date: _____