University of St. Thomas
Minnesota

# Undergraduate College Information Questionnaire

**Return form to:**
Office of the University Registrar
Mail #AQU 106
2115 Summit Avenue
St. Paul, MN 55105-1078
Telephone: (651) 962-6700
Facsimile: (651) 962-6710

| Student Name (Last, First, Middle Initial) | UST ID |
|---|---|
| | |

Sex
M ☐ Male F ☐ Female (required)

Date of Birth (Month/Day/Year) (required)

**Permanent Address**

| City | State | Zip Code |
|---|---|---|
| | | |

Phone #
( )

Residence at time of Admission to UST:
Country_____
State _____ County (if state is MN) _____

**Parent/Guardian Name and Address**
☐ Mr. & Mrs. ☐ Mr. ☐ Dr. ☐ Mrs.
☐ Dr. & Mrs. ☐ Mr. & Dr. ☐ Ms. ☐ Other _____

Name (Last, First, Middle Initial)

Address

| City | State | Zip Code |
|---|---|---|
| | | |

Phone #
( )

**Local Address: Where will you be living while attending St. Thomas?**
☐ Permanent Address ☐ University Housing ☐ Other

If you have checked "other," enter the address and phone

| City | State | Zip Code |
|---|---|---|
| | | |

Phone #
( )

**Address to which bills should be sent**
☐ Student Local Address ☐ Student Permanent Address
☐ Parent/Guardian Address ☐ Billing Address specified below

Name (Last, First, Middle Initial)

Address

| City | State | Zip Code |
|---|---|---|
| | | |

Phone #
( )

What was the last institution you attended?
_____
_____
City State Zip

Are you currently enrolled there? No ☐ Yes ☐

**Citizenship:** ☐ US Citizen ☐ Permanent Resident of USA
☐ Asylee/Refugee

Social Security #

**Marital Status:**
D ☐ Divorced L ☐ Legally Separated M ☐ Married
N ☐ Not Reported S ☐ Single U ☐ Unknown W ☐ Widowed

**Ethnicity and Race (Optional):**

☐ Yes ☐ No **Are you Hispanic or Latino?** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin, regardless of race.

**Check ALL that apply:**

☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Prefer not to respond**

**Religion (optional)**
BT ☐ Baptist
BU ☐ Buddhist
CH ☐ Chinese Religions
EP ☐ Episcopalian
HI ☐ Hindu
JE ☐ Jewish
LA ☐ Lutheran (ELCA)
LO ☐ Lutheran (non-ELCA)
MU ☐ Muslim
NA ☐ American Indian Religions
NO ☐ No Religious Affiliation
OC ☐ Other Christian
OR ☐ Orthodox
OT ☐ Other Non-Christian
PR ☐ Presbyterian
RC ☐ Roman Catholic
RF ☐ Decline to Respond

Name of Person to Contact in Case of Emergency

Daytime Phone #

**Relationship:**
MF ☐ Mother & Father
MO ☐ Mother
FA ☐ Father
GU ☐ Guardian
BR ☐ Brother/Sister
GR ☐ Grandparent
AU ☐ Aunt/Uncle
SP ☐ Spouse
SD ☐ Son/Daughter
OT ☐ Other

U.S. Military Veteran? No ☐ Yes ☐
Applying for Veteran's Benefits No ☐ Yes ☐
If yes, please contact the VA representative at UST.

I certify that the information provided is complete and accurate to the best of my knowledge.

| Signature | Date |
|---|---|
| | |