



Master of Theological Studies

Statistical Reporting Information				Race		Date		TERM	
								Fall	20
Date of Birth				Religion				Spring	20
Male/Female (Circle One)				Marital Status				Summer	20
LAST NAME		FIRST NAME		MIDDLE		SOCIAL SECURITY NUMBER		STUDENT ID #	
PERMANENT ADDRESS			CITY			STATE ZIP		PHONE	
BILLING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS)									
COURSE(S) REGISTERING FOR: (7 CREDITS MAXIMUM)									
TUITION		COST	DISCIPLINE	COURSE #	CREDITS	INSTRUCTOR			
			THEO						
			THEO						
			THEO						
AUDIT			THEO						
			THEO						
TOTAL COST									
LESS: AMOUNT ENCLOSED									
BALANCE DUE									

I hereby acknowledge financial responsibility for the tuition and fees resulting from this registration

Return completed form to:
 MTS c/o Becky Candelaria
 4000 St. Joseph Pl. NW
 Albuquerque, NM 87120

or

FAX #: 505-831-8206

 Students Signature

 Date