

I.D. Number _____

Registration for:

- Fall _____
- Spring _____
- Summer _____



SAINT VINCENT SEMINARY

300 Fraser Purchase Road
Latrobe, PA 15650-2690

Telephone: 724-805-2324
Fax: 724-532-2880

INSTITUTE FOR MINISTRY FORMATION

(for New Students ONLY)

Place of Birth: _____

Date of Birth: _____

Religious Affiliation: _____

Are you a veteran? Check if yes.

PLEASE PRINT:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Social Security #: _____

I am a: U.S. Citizen: Permanent Resident:

Your Country of Citizenship is: _____ Visa Status: _____

Select Appropriate Level:

IMF1 – Level One: Non-Credit Participation (Audit)

IMF2 – Level Two: For Academic Credit

The information requested to the right is to comply with the U.S. Department of Education reporting procedures. Strictly voluntary, it in no way effects consideration of your application. It will be used only for government required statistical data collection.

Please indicate your Ethnic Background:

- Hispanic/Latino
- American Indian/Alaskan Native
- Black/African American (Not Hispanic)
- White (not Hispanic)
- Race/Ethnicity Unknown
- Asian
- Pacific Islander/Hawaiian
- Two or more races

Course	Section	Course Title	Credits	Instructor	Days	Time
				Total Hours		

Director of IMF / Seminary Academic Dean's Signature

Date

Student's Signature

Date