**REGISTRATION FORM**

BACHELOR IN SACRED THEOLOGY

MASTER OF ARTS IN THEOLOGY

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| --- |
| Student Number: |
| School Year:  School Term/Semester: |
| Student’s Name (Last Name, First Name, Middle Name) |
| Year Level:  *For MAT Program*  Specialization/ Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

PERSONAL INFORMATION

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| --- |
| Date of Birth:  Place of Birth: |
| Nationality: Gender: Blood Type: |
| Father’s Name: |
| Mother’s Name: |
| Family’s Home Address: |
| Congregation/Diocese: |
| Name of Immediate Superior/Formator:  Designation: |
| Present Address: |
| E-mail Address:    Mobile Number: |
| Telephone Number: |

EDUCATIONAL BACKGROUND

|  |  |  |  |
| --- | --- | --- | --- |
| LEVEL | NAME OF SCHOOL | LOCATION | YEAR GRADUATED |
| Primary |  |  |  |
| Secondary |  |  |  |
| Tertiary/College |  |  |  |
| Academic Degree (College): | | | |
| Post-Graduate |  |  |  |
| Academic Degree (Post-Graduate): | | | |

FOR FOREIGN STUDENTS

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| Type of Visa: |
| Passport Number: |
| Passport Expiry  Place of Issue: |
| Authorized Stay in the Philippines until |
| ACR Number:  ACR Date: |

I shall abide by all the present and future rules and regulations promulgated by the Recoletos School of Theology. Likewise, I agree to the cancellation of credits earned in subjects which require prerequisites and/or I have enrolled under false pretenses.

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Student’s Signature School Registrar