



1900 West MacArthur Shawnee, OK

# Application for Admission

**First Baccalaureate Degree, in Theology**

Little Rock Theology Institute

2500 N. Tyler Little Rock, AR

## Student Information

**Name:**

*Last*

*First*

*Middle*

**Address:**

*Street*

**Home Phone #:**

**Cell Phone #:**

*City*

*State*

*Zip*

**Student ID or SS #:**

**Email:**

**Date of Birth:**

**Place of Birth:**

**Catholic?:** ☐ **Yes** ☐ **No**

If Yes, Parish:

*Name*

*City*

## Previous Academic History

**High School/College/University Name**

**Years**

**Degree**

**Date Conferred**

Please have all college transcripts sent to:

**Registrar's Office, St. Gregory's University, 1900 West MacArthur, Shawnee, OK 74804**

**Optional** *The following information is used for Oklahoma State Board of Regents reporting purposes only.*

**Religious Preference:**

**US Citizen?** ☐ **Yes** ☐ **No**

If No, what Country?

**Oklahoma**

**Resident?** ☐ **Yes** ☐ **No**

If Yes, what County?

**Hispanic?** ☐ **Yes** ☐ **No**

**Ethnicity:** ☐ **American Indian or Alaska Native**

☐ **Asian**

☐ **Black or African American**

(Choose one or more race) ☐ **Native Hawaiian or Other Pacific Islander**

☐ **White**

## Emergency Contact

**Name:**

**Phone:**

I hereby certify that the information in this application is true and accurate.

**Signature** *(required to process request)*

*Date*

**Send completed form to:** Jasmine Moore, Administrative Assistant, Office of Faith Formation  
Diocese of Little Rock, 2500 N. Tyler, Little Rock, AR 72207 (phone 501-664-0340 x 323)