



**OBLATE SCHOOL OF THEOLOGY**  
 285 Oblate Drive, San Antonio, TX 78216  
 registrar@ost.edu  
 (210) 341-1366

**Registration Form**

Student Identification No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Year \_\_\_\_\_ Session \_\_\_\_\_

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Expected OST Graduation Year \_\_\_\_\_

Full Name \_\_\_\_\_  
 Last (Family w/ Congregation Initials) Title First Nickname Middle

San Antonio/Area Information \_\_\_\_\_  
 Address: No. & Street City State Zip Code

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Home Phone Work Phone Cell Phone E-mail Address

Billing Address \_\_\_\_\_  
 (if different from above) Name No. & Street City State Zip Code

First-Time Registrants Only:

Date of Birth _____	Place of Birth _____	City _____	State/Country _____
Religion _____ <small>(be specific)</small>	Marital Status _____	Gender _____	
Prior Degree(s) Rec'd _____	Concentration _____		
Years(s) _____	College/Univ. _____		

Degree Program \_\_\_\_\_ Concentration \_\_\_\_\_  
 (if applicable)

Year in Program \_\_\_\_\_ Congregation/Diocese \_\_\_\_\_

**Register for Class(es):**

Course Number	Course Title	Instructor	Credit Hrs.

**Courses to be taken at another school during this semester:**

Course Number	Course Title	Credit Hours	Instructor	University

*Unless instructed otherwise (here) in writing, the Registrar may publish my name, address, phone and E-mail address for the exclusive use of OST students, faculty, and staff.*

\_\_\_\_\_ Signature of Student \_\_\_\_\_ Date

Academic Advisor's Approval _____	Date _____
Program Director's Approval _____	Registrar _____
	Prog Date Initials