



Incoming Student Information Form

Office of the Registrar

Student ID#: _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____

Full (Legal) Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Local Address (if different): _____
Street City State Zip

Cell Phone: _____ Home Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Email: _____

Veteran: Yes No Active Duty: Yes No Reservist: Yes No

Military branch: _____ Receiving Veterans Education Benefits: Yes No

U.S. Citizen: Yes No If no, are you a Permanent Resident? Yes No

If yes, Green Card expiration Date: _____

For nonresident alien students only: What is your country of citizenship? _____

Visa Type: F J M Other: _____ Visa Expiration Date: _____

Do you hold a baccalaureate degree? Yes No

Is this your **first** enrollment as a **graduate-level** student: Yes No

Check One: Male Female

1. Are you Hispanic/Latino: Yes No

2. Check any/all applicable race(s) to which you belong:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Race/Ethnicity Unknown |

Student Signature

Date

Submit to: Registrar's Office