



## Admission's Information Form

### Office of the Registrar

Student ID #                      Full (Legal) Name: Last:                      First:                      Middle:

Permanent Residence, Street and #:                      City:                      State:                      Zip:

Local Address,                      Street and #:                      City:                      State:                      Zip:

Cell Phone                      Home Phone (if any)                      Personal Email                      Social Security #

|  |              |
|--|--------------|
| Person to be reached in case of emergency: | Name         |
| Address                                    |              |
| Phone                                      | Relationship |

Veteran  Yes  No                      Active Duty  Yes  No                      Reservist  Yes  No

Military branch                      Receiving veteran's education benefits  Yes  No

Are you a U.S. Citizen?  Yes  No                      If no, are you a Permanent Resident?  Yes  No  
If yes, green card expiration date

|   |                       |
|---|-----------------------|
| <i>For nonresident alien students only: What is your country of citizenship?</i>  |                       |
| Visa Type: <input type="checkbox"/> F <input type="checkbox"/> J <input type="checkbox"/> M <input type="checkbox"/> Other (type <input type="checkbox"/> ) | 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                      Date of Birth:                      month/day/year

1. Are you Hispanic/Latino?  Yes  No

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

White                       Black or African American                       Asian                       Race/Ethnicity Unknown  
 American Indian or Alaska Native                       Native Hawaiian or Other Pacific Islander

Student signature: \_\_\_\_\_ Date

**Submit to:** Registrar's Office    **Fax** 617.477.2030 **or email:** [Registrar@williamjames.edu](mailto:Registrar@williamjames.edu) as a pdf attachment