



Incoming Student Information Form

Office of the Registrar

Student ID #: _____

Full (Legal) Name: Last: _____ First: _____ Middle: _____

Permanent Address: Street: _____ City: _____ State: _____ Zip: _____

Local Address: Street: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone (if any): _____

Personal Email: _____ Social Security #: _____

Person to contact in case of emergency:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Veteran? Yes No Active Duty? Yes No Reservist? Yes No

Military branch: _____ Receiving veteran's 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: _____

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

Visa Type: F J M Other (type _____) 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: ____mm/____dd/____yyyy

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