



## Incoming Student Information Form

### Office of the Registrar

Program:                      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