



PERSONAL INFORMATION

Date: ____ / ____ / ____

Name: _____ Sex: Male Female

If Married, Spouse's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security # _____ Ethnicity: _____

Religious Affiliation: _____

Parent/Guardian: _____ Relationship to you: _____

Address (if different from above): _____

City/State/Zip: _____

ACADEMIC PROFILE

Classification: Freshman Sophomore Junior Senior Unclassified

Advisor Name: _____

Major (write *undecided* if uncertain): _____

Degree Plan: Associate's Degree Bachelor's Degree None

Boarding Status: On Campus Commuter

First Time Students — Are you the first generation in your family to attend college? Yes No

Signature: _____