



PLEASE PRINT | FIELDS IN RED ARE REQUIRED

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred Name: _____

Cell Phone: _____ Landline: _____

MAILING | PREFERRED ADDRESS:

Street Address: _____

City: _____ State: _____ ZIP Code: _____

PERMANENT ADDRESS (if different from mailing address):

Street Address: _____

City: _____ State: _____ ZIP Code: _____

PERSONAL INFORMATION:

Student Email Address: _____

Date of Birth (MM/DD/YY): ____ / ____ / ____ Social Security Number: _____

Gender: Male Female Country of Citizenship: _____

How would you like to be contacted? Please choose more than one option: Text Cell Home Phone Email

APPLICATION INFORMATION:

Enrollment Term: FALL _____ SPRING _____ SUMMER _____ Have you applied before? Yes No

Residency Status: Resident Commuter Will you be applying for financial aid? Yes No

High School attended: _____ Graduation Year: _____

MAJOR: _____

PARENT/GUARDIAN/FAMILY INFORMATION:

Name: _____

Relationship: _____

Street Address: _____

(IF DIFFERENT FROM MAILING/PREFERRED ADDRESS ABOVE)

City, State, ZIP code: _____

Email Address: _____

Cell Phone: _____

Name: _____

Relationship: _____

Street Address: _____

(IF DIFFERENT FROM MAILING/PREFERRED ADDRESS ABOVE)

City, State, ZIP code: _____

Email Address: _____

Cell Phone: _____

VOLUNTARY INFORMATION:

How would you describe yourself? Ethnicity: Hispanic/Latino of any origin (Spanish, Mexican, Puerto Rican, etc.) Yes No

Please select from one or more of the following: American Indian/Alaskan native Asian-American

Black or African American Native Hawaiian or Other Pacific Islander White

What is the highest educational level completed by at least one parent (or guardian)? High School/Secondary School

Associate Degree (or less than a four-year degree) Bachelor's Degree or beyond (at least a four-year degree)

Other/unknown Prefer not to answer

PLEASE COMPLETE OTHER SIDE

