

Student Data Sheet

REGISTRATION DATA

Student Name: _____
Student ID: _____
Academic Career: _____
Academic Program: _____
Are you a Texas Resident? Yes _____ No _____

STATISTICAL DATA

Date of Birth: _____ Place of Birth: _____

Do you receive Veterans Benefits? Yes _____ No _____

Highest Degree Earned: _____

CITIZENSHIP AND RACE/ETHNICITY

1. What is your country of citizenship? _____

2. Are you a foreign, temporary visa holder? Yes _____ No _____

3. If you are a U.S. citizen or permanent resident, please classify your race/ethnicity.

(CHECK ONE ONLY)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian _____ (Please Specify) |
| <input type="checkbox"/> Black, African American (non-Hispanic) | <input type="checkbox"/> Other Pacific Islander _____ (Please Specify) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Spanish / Hispanic / Latino _____ (Please Specify) |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Korean | <input type="checkbox"/> No Answer |
| <input type="checkbox"/> Mexican, Mexican American, Chicano | <input type="checkbox"/> Other _____ (Please Specify) |

4. Do you consider yourself to be of mixed ethnic origin? Yes _____ No _____

THIS INFORMATION IS USED FOR STATISTICAL REPORTS ONLY.

ADDRESS DATA

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number _____ Mobile Phone: _____ Personal Email: _____

HSC Email: _____@hsc.unt.edu Student Mail Box: _____

EMERGENCY NOTIFICATION DATA

Person to notify: _____ Relationship: _____

Telephone Number: _____ Mobile Phone Number: _____

Street: _____

City: _____ State: _____ Zip: _____

I CERTIFY ALL INFORMATION IS COMPLETE AND CORRECT.

Signature

Date