

3 R X O W F U L H Q F H  
6 F K R O D S S S O S L F D W L R Q

Name \_\_\_\_\_ Student Number A \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone# Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ County of Residence \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_ No \_\_\_\_ If no, Are you a Resident Alien? \* Yes \_\_\_\_ No \_\_\_\_  
*\* Copy of Resident Alien card must be attached to application.*

Race(Optional): \_\_\_\_ African American \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_ White \_\_\_\_ Other

Gender