



Legal Name: Last _____ First _____ MI _____

Address: _____ Social Security _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: (H) _____ (W) _____

Email: _____

Birth date: _____ Gender: Male Female
 Month / Day / Year

High School Attended _____ Year Graduated _____

College Attended _____ Year Graduated _____

The information collected in this section is used to comply with federal and state reporting requirements.

Ethnicity:
 Hispanic or Latino Ethnicity Yes No

Race: (Select all that Apply)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Primary Race/Ethnic Group: (Select One)
 American Indian or Alaska native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
 Choose Not to Respond

Highest Diploma/Degree Earned
 None
 High School
 GED
 Some College
 Certificate
 Associate Degree
 Bachelor's Degree
 Master's Degree
 Professional
 Doctoral
 Other

Class Title	Course Prefix	Course Number	Section	Cost
Total Cost				

Student Signature: _____

Date: _____