

REGISTRATION DATA FORM

Student Name:

Date:

Student ID No.:

School: GS

Anticipated semester of graduation:

Semester:

Email address:

Please verify or correct each item printed below, and furnish any missing information. Sign and return this form, with or without corrections, to the Graduate School. THIS FORM IS REQUIRED TO CONFIRM YOUR REGISTRATION AND PROCESS FINANCIAL AWARDS.

ADDRESSES

Mailing address:

Phone:

Current residence (to be provided by student):

Phone:

Name and address to which BILLS will be mailed:

Name and address to which GRADE REPORTS will be mailed:

Work address and phone: (to be provided by student):

In case of emergency contact (to be provided by student):

Name:

Address:

Phone:

Relationship:

ACADEMIC INFORMATION

Degree:

Major:

Adviser:

Major:

Adviser:

Minor:

Signature

Date

NOTE: It is the student's responsibility to notify the University of address changes in writing as soon as possible. Mail sent to the address on file will be considered to have been delivered.