



Incoming Student Information Form

Office of the Registrar

Student ID # Full (Legal) Name: Last: First: Middle:

Permanent Residence, Street and #: City: State: Zip:

Local Address, Street and #: City: State: Zip:

Cell Phone Home Phone (if any) Personal Email Social Security #

Person to be reached in case of emergency:	Name
Address	
Phone	Relationship

Veteran Yes No Active Duty Yes No Reservist Yes No

Military branch Receiving veteran's education benefits Yes No

Are you a U.S. Citizen? Yes No If no, are you a Permanent Resident? Yes No
If yes, green card expiration date

For nonresident alien students only: What is your country of citizenship?

Visa Type: F J M Other (type) Visa Expiration Date:

Do you hold a baccalaureate degree? Yes No

Is this your **first** enrollment as a **graduate-level** student: Yes No

Check one: Male Female Date of Birth: month/day/year

1. Are you Hispanic/Latino? Yes No

2. Check any/all applicable race(s) to which you belong:

White Black or African American Asian Race/Ethnicity Unknown
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Student signature: _____ Date

Submit to: Registrar's Office **Fax** 617.477.2030 **or email:** Registrar@williamjames.edu as a pdf attachment