



# Incoming Student Information Form

## Office of the Registrar

Student ID #: \_\_\_\_\_

Full (Legal) Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Permanent Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone (if any): \_\_\_\_\_

Personal Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Veteran?  Yes  No      Active Duty?  Yes  No      Reservist?  Yes  No

Military branch: \_\_\_\_\_ Receiving veteran's 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: \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yyyy

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](mailto:Registrar@williamjames.edu)