

PLEASE COMPLETE ALL AREAS (FRONT AND BACK) AND RETURN TO THE GRADUATE SCHOOL OFFICE AT THE FOLLOWING ADDRESS: Wake Forest University Graduate School Of Arts And Sciences, Biomedical Sciences, Bowman Gray Campus, Medical Center Blvd, Winston-Salem, NC 27157-1001.

STUDENT NAME _____
Last First Middle Maiden

Marital Status *Single/Divorced/Separated* *Married*

ETHNIC ORIGIN: This data, required of the University by the Department of Education of HEW to assure compliance with the Civil Rights laws, does not in any way affect your enrollment or status at Wake Forest University. Please indicate below your ethnic origin by circling the appropriate code.

UNITED STATES CITIZEN AND PERMANENT RESIDENTS:

- | | |
|--------------------------------------|--|
| 1 – Black/African American | 5 – White |
| 2 – American Indian or Alaska Native | 6 – Hispanic/Latino – One Race Only |
| 3 – Asian American | 7 – Hispanic/Latino – More Than One Race |
| 4 – Native Hawaiian/Pacific Islander | 8 – Non-Hispanic/Latino – More Than One Race |

SUMMER ADDRESS (as of 5/2007) _____
Street

City State / Zip

E-mail Address _____ Telephone Number _____

I will be here until: _____

LOCAL ADDRESS (as of 8/2007) _____
Street

City State / Zip

E-mail Address _____ Telephone Number _____

ROOMMATE INFORMATION:

I am interested in finding a roommate: NO YES *(If Yes, please see the next statement.)*

_____ You may release my name, address, and phone number to other incoming graduate students.

_____ You may not release this information to other incoming students.

EMERGENCY CONTACT INFORMATION: *(One of which must be your spouse if married.)*

1. _____
Name Relationship

Street City State Zip Phone Number

2. _____
Name Relationship

Street City State Zip Phone Number

STUDENT SIGNATURE

DATE