



DATA INFORMATION FORM

Name: _____
(Prefix) (First) (Middle) (Maiden) (Last) (Suffix)

Address: _____
(Street) (Town) (State) (Zip)

Home Phone: _____ E-Mail: _____

Cell Phone: _____ Social Security #: _____

Birth Date: _____ Place of Birth: _____
(mm/dd/yy) (Town) (State) (Country)

I will enroll at Georgian Court University for the following semester/year: Fall 20__ Winter 20__ Spring 20__ Summer 20__

TRANSFER AND GRADUATE STUDENTS ONLY

Please indicate previous degree(s):

A.A. A.S. A.A.S. B.A. B.S. Other _____

The following information is voluntary and will not affect the decision for admission. Georgian Court University does not discriminate on the bases of sex, handicap, race, color, religion or national or ethnic origin.

Are you of Hispanic/Latino ethnicity or descent? Yes

Are you a veteran/relative of a veteran entitled to VA benefits? Yes

Select one or more races with which you identify yourself:

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other: _____

Religion: _____ (providing this information is strictly voluntary)

Employer: _____ Position/Title: _____

Work Phone #: _____ Town/State: _____

