



## 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: \_\_\_\_\_

