

Graduate Student Information Form

Date: _____

Name: _____ Sex: Female
Last/Family First MI

_____ Phone Number: _____

Campus Office Room Number & Building: _____ Office Phone Number: _____

Please check one of the following:

- Black, Non-Hispanic White, Non-Hispanic Hispanic
- Native American / Alaskan Native Asian or Pacific Islander India
- Other _____

Starting/Entry semester _____ Estimated Graduation Date: _____

Name of Faculty Advisor: _____

Student Status: Full Time Part Time

Degree Program: MS PETE (thesis) MS PETE (non-thesis)