METHODIST UNIVERSITY DATA SCHEDULE

Spring 201 ___
Summer 201 ___
Fall 201 ___

Clearly print all information

Day ____ Night ____

SSN

Today's date

Birthdate

Name
Last First Middle Initial

Local Address

Phone

E-Mail Address

Permanent Address
(Grades mailed to this address)

Phone

Residency
County State

Do you live on campus? YES NO

High School
Name City State Year Graduated

Major

Minor

Did you attend Methodist University last semester? YES NO

Do you receive funding from VA? YES NO

Do you receive TA? YES NO

MALE FEMALE

RELIGION

Ethnicity
- Asian
- African American
- American Caucasian
- Hispanic
- International
- Native American

Degree
- Master in Medical Science
- Bachelor of Arts
- Bachelor of Science
- Bachelor of Music
- Bachelor of Social Work
- Bachelor of Health Science
- AA with Concentration
- AA without Concentration
- AS with Concentration
- No Degree

COURSE SCHEDULE

DEPT	NUMBER/SECTION	SH	Days and Times M	T	W	R	F	S	TERM

Advisor Name

Advisor Signature

Student Signature

I understand the information contained on the reverse of this form.

White--Registrar's Office Copy *Canary--Student Copy*