

DAEMEN COLLEGE STUDENT DATA CARD

Social Security Number _____

Today's Date _____

Mr.
Mrs.
Ms.

_____ Last Name

_____ First Name

_____ Middle Name

Former Name

or

Maiden Name

Permanent Address:

Local Address: (If different from permanent address)

No. Street Apt. No.

No. Street Apt. No.

City State Zip

City State Zip

Phone No.

Phone No.

County

Parent(s) Name(s)

Do you live with parents? () Yes () No

Will you be living on Campus? () Yes () No

1.) Date of Birth: _____
Month / Day / Year

First Semester at Daemen College

2.) Citizen of U.S.? () Yes () No

() Yes () No

If NO, citizen of what country? _____

() Freshman

Do you have a Visa? () Yes () No

() Transfer

Resident of U.S. () Temporary () Permanent

() Readmit

3.) Ethnic Background: (required for Federal reporting)

() Returning from Leave of Absence

() Asian or Pacific Islander () Non-Resident/Alien/Foreign

() Other _____

() Black () Hispanic

() American Indian or Alaskan Native

() White, Non-Hispanic (a person having origins in any of the original peoples of Europe, North Africa, or in the Middle East, (except those of Hispanic origin).

Full time _____ Part time _____

(OVER)

4.) Sex () M () F

13.) Hometown Newspaper:

5.) Marital Status () Married () Single

Newspaper Name

6.) Are you a veteran? () Yes () No

City State

7.) Are you eligible for veterans benefits? () Yes () No

14.) Religious Preference: () Catholic () Protestant

8.) Will you work for a degree from Daemen? () Yes () No

() Jewish () Other: _____

9.) If YES, Indicate () BA () BS () BFA

15.) Do any of the following categories apply to you?

Major: _____

() Daemen Alumni For Credit

Specialization (if applicable): _____

() Daemen Alumni For Audit

() Cross Registered

() Daemen Employee/Spouse/Children

() Visiting Student

() High School Student/Early Admit

() Family Discount

10.) Anticipated Graduation Year: _____

16.) In case of emergency, contact:

11.) Do you have a disability? () Yes () No

If YES, are you () Ambulatory () Non-Ambulatory

If Ambulatory, do you use an assistance device? () Yes () No

State the nature of the disability: _____

Name (Relationship)

Street

City State Zip

(_____) Telephone