

Undergraduate Student Fact Sheet

Title: _____ Name: Last: _____ First: _____ Middle: _____

Academic Information

Student ID No.: _____ Enrollment Date: _____

Academic Classification: Freshman Sophomore Junior Senior Graduate Student

Major Department: _____ Major Advisor: _____

Personal Information

Date of Birth: ____ / ____ / ____ Gender: Male Female Citizenship: _____

Home Address: _____
Street

City _____ State _____ Zip Code _____

(____) _____ Home Phone (____) _____ Cell Phone

Email Address: _____

Emergency Contact: _____ Emergency Number: (____) _____

Relationship: _____

Notes: _____

Please notify GHILT of any changes in information.