

# Claremont Graduate University

## STUDENT PERSONAL INFORMATION

DATE: \_\_\_\_\_

SEX: \_\_\_ M \_\_\_ F \_\_\_ NB

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

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NON CGU EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### Emergency Contact information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NOT A U.S. CITIZEN WHAT KIND OF VISA DO YOU HAVE? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Harper Hall 118, 150 East Tenth Street, Claremont, California 91711-6160

*Tel: 909-607-2461 Fax: 909-621-8861*