



**Student Information Form**  
(Return to the Department Office)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_

Office (building and room number): \_\_\_\_\_

Individual to contact in the event of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature