

FLORIDA ATLANTIC UNIVERSITY

BIOLOGICAL SCIENCES

Semester _____ / Year _____

Student Information (PLEASE PRINT)

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Advisor and Program Information

Advisor _____ Advisor Email _____

Office Phone _____ Campus _____

Lab location _____ Lab Phone _____

TA (yes or no) _____ RA (yes or no) _____

PhD Program Start Term/Year: _____

Please Check: IB IB-N IB-ES MS PSM ESMS _____

Plan of Study complete: YES NO **Date:** _____

Emergency/Next of kin - Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____