



Personal Information Form

Please fill form out completely – enter N/A for any items that do not apply to you

Level: _____

Student Type: Returning/Readmitted _____ New _____

Enrollment: Full-time _____ Part-time _____

Student Information

Name: _____ Preferred Name: _____

Maiden Name (if applicable): _____ Age: _____

Student ID: _____ DOB: _____ Cell #: _____

Local Address: _____

UTM email: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Home Phone: _(_____) _____ Cell Phone: _(_____) _____

Demographic Information ("X" all that apply)

Sex: ___ Male ___ Female ___ Other/Unknown Marital Status: ___ Single ___ Married

Race: ___ Native American ___ Asian or Pacific Islander ___ Black (Non-Hispanic or Latino)
 ___ Hispanic or Latino ___ White (Non-Hispanic or Latino) ___ Other/2+ races

___ **Transfer Student** – Other College(s) Attended _____

___ **Military Veteran** – Branch(es) _____

Signature _____ Date: _____