TEMPLE UNIVERSITY
Academic Records

STATISTICAL RECORD FOR NEW AND RETURNING STUDENTS

Semester you intend to begin: ☐Fall ☐ Spring ☐1 SS ☐2SS of the Year _____

Social Security Number	TUid	Title	Last Name, First Name	MI	Suffix	Birth Date

Permanent Address	City	State	Zip

Email Address	Day Phone	Eve Phone	Cell Phone
	( )	( )	( )

Have you ever attended Temple University? ☐No ☐ Yes, under the name above or under this name _____

High School last attended: _____
Name of School City/State Graduation Month/Year Dates of Attendance

College(s) attended: _____
Name of School City/State Degree(s) earned Dates of Attendance

_____
Name of School City/State Degree(s) earned Dates of Attendance

What program/courses do you wish to pursue at Temple University? _____

Do you plan to apply for a degree program at Temple University? ☐No ☐Yes _____

Gender

☐Female
☐M ale

Ethnic Background

☐1 American Indian or Alaskan Native
☐2 Black, not Hispanic
☐3 Asian or Pacific Islander
☐4 Hispanic
☐5 White, not Hispanic ☐6 Other

Religious Background (Optional)

☐1 Catholic
☐2 Protestant
☐3 Jewish
☐4 Greek Orthodox
☐5 Other ☐6 None

STATEMENT OF LEGAL RESIDENCE:

In what state do you claim permanent legal residence _____ **Do you currently live in PA?** ☐No ☐Yes - How long? _____

If you are under the age of 22 or are dependant on your parent(s) or legal guardian(s), in what state do your parent(s) or legal guardian(s) currently reside? _____

Country of Citizenship ☐USA or _____ Foreign national visa type: _____ Registration #: _____

Have you been a student at any time during the last twelve months? ☐No ☐Yes (If Yes, you **MUST** list school(s) above.)

Are you currently in Military Service assigned to active duty at a Pennsylvania Military Installation? ☐No ☐Yes (If you are the spouse or dependent of a Military person assigned to active duty at a Pennsylvania Military Installation please indicate: ☐ spouse or ☐ dependent)

TEMPLE UNIVERSITY RESERVES THE RIGHT TO REQUEST DOCUMENTARY EVIDENCE IN SUPPORT OF YOUR CLAIM OF LEGAL RESIDENCE. Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this Statement of Legal Residence are correct and complete. Completing this form does not make you a degree candidate.

Signature of Applicant _____ **Date** _____

Temple University requests your Social Security Number because federal, state and local law requires the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11

For Office Use ONLY:
☐Res ☐Non-Res Qual____
Campus of Record _____
Sign_____
Date_____
Rev 08/20/06 mm