



Quality Assurance/Regulatory Affairs  
Graduate Program

Temple University - School of Pharmacy  
425 Commerce Drive, Suite 175  
Fort Washington, PA 19034

Phone: 267.468.8560 Fax: 267.468.8565

### STUDENT STATISTICAL RECORD FOR NEW AND RE-ENTERING STUDENTS

NOTE: This form is used to determine state residency. Students are required to complete this form the first time they register with Temple. If they subsequently move to another state, they should submit the form again. The University does not use this form in any way to determine eligibility for admission, advancement or academic ranking within Temple University. Completing this form does not make you a degree candidate.

SEMESTER \_\_\_\_\_ FALL  
\_\_\_\_\_ SPRING YEAR 20\_\_\_\_  
\_\_\_\_\_ SUMMER

Last Name, First Name, Middle Initial \_\_\_\_\_

Suffix \_\_\_\_ [II, JR, SR, IV]

Courtesy Title (Optional) \_\_\_\_\_ [BR. DR. FR. MR. MRS. MS. REV. SR.]

Have you ever attended Temple before? \_\_\_NO \_\_\_YES

If YES, previous name at Temple: \_\_\_\_\_

Previous Temple Student No. \_\_\_\_\_

Date of Birth \_\_/\_\_/\_\_ (MM/DD/YY) Sex \_\_\_\_ M – Male F – Female

ETHNIC BACKGROUND (for Statistical Purposes Only) \_\_\_\_\_

- 1 – American Indian or Alaskan Native
- 2 – Black, not of Hispanic Origin
- 3 – Asian or Pacific Islander
- 4 - Hispanic
- 5 - White, not of Hispanic Origin
- 6 - OTHER

MARITAL STATUS \_\_\_\_\_

- D – Divorced
- M – Married
- S – Separated
- S – Single
- W – Widowed

RELIGIOUS BACKGROUND (optional) \_\_\_\_\_

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

Permanent Address \_\_\_\_\_

Apartment Name and Number (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Title at Company: \_\_\_\_\_

Department: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

Mailstop \_\_\_\_\_ City: \_\_\_\_\_

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

Number of years working in the pharmaceutical industry (if applicable): \_\_\_\_\_

Check here if you have no industry experience \_\_\_\_\_ (for statistical purposes only)

Are you planning to take any graduate level courses this year? \_\_\_ NO \_\_\_ YES

Check here if you are a Veteran of the U.S. Military \_\_\_\_\_ (SDEG 09)

**High School Last Attended/GED Date:**

NAME OF SCHOOL \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

MO./YR. OF GRAD. \_\_ / \_\_ DATES ATTENDED \_\_\_\_\_

**College or University Attended:**

Include any campus of Temple University (continue on a separate sheet of paper, if necessary).

NAME OF INSTITUTION \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

DEGREE(S) EARNED \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

**International Students:**

If you are a foreign national, what is your Visa type? \_\_\_\_\_

**VISA CODES**

B1 Temporary visitor for business	J1 Exchange/Visitor	F1 Student Visa
B2 Temporary visitor for pleasure	J2 Spouse/Dependent of J1 Visa Holder	F2 Spouse/Dependent of F1
F1 Student Visa	OT Other Visa type holder (A,C,D,G,H,K,L,M)	Visa Holder

**G7** If you are a foreign national, what is your registration number? \_\_\_\_\_

**STATEMENT OF LEGAL RESIDENCE**

Country of your citizenship: \_\_\_\_\_

Do you presently reside in Pennsylvania? \_\_\_NO \_\_\_YES

In what state and county do you claim permanent legal residence?

STATE \_\_\_\_\_ COUNTY \_\_\_\_\_

If you claim Pennsylvania residence, will you have lived in Pennsylvania for twelve consecutive months preceding your entry into Temple University? \_\_\_NO \_\_\_YES

Have you been a student at any time during the past twelve months? \_\_\_NO \_\_\_YES

If Yes, at what institution? \_\_\_\_\_

If currently in Military Service, are you 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 relationship.

\_\_\_SPOUSE \_\_\_DEPENDENT

I am now, and have been since \_\_\_\_\_, 19\_\_\_ or 20\_\_\_, a legal resident of the state of \_\_\_\_\_.

**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.

Signature of Applicant (Required) \_\_\_\_\_

Date \_\_\_\_\_

**This form must be completed in full, signed, dated, and returned by fax (267.468.8565) or mailed to the QA/RA Office at 425 Commerce Drive, Suite 175, Fort Washington, PA 19034. Sorry, but we cannot process your initial registration until this form is submitted. The last page with your social security number must be attached. That page will be destroyed after your registration is processed, and you will be provided with a TUID (Temple University Identification Number) for future registration.**

**G1** Social Security Number \_\_\_\_\_

*Temple University requests your Social Security number (SSN) 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](http://policies.temple.edu/getdoc.asp?policy_no=04.75.11)).*

**Your name:** \_\_\_\_\_

**This page will be destroyed once your registration is processed. At that point you will be issued a TUID (Temple University Identification Number) to use for future registration, so you will not need to disclose your social security number again.**