



TEMPLE UNIVERSITY
School of Communication & Theater
Summer Los Angeles Intern Program

STUDENT STATISTICAL RECORD

NAME _____ **Student ID#:** _____

Date of Birth: _____ **Gender:** _____ **Marital Status:** _____

ADDRESS: _____

City _____ **State** _____ **Zipcode** _____

Telephone _____ **E-mail** _____

Colleges or Universities Attended

Name	Location	Dates Attended	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School (s) Attended

Name	City/State	Dates Attended	Month-Year of Graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name & Country of your citizenship: _____

In what state and country do you claim legal residence? _____

(Temple University reserves the right to request documentary evidence in support of your claim of residence.)

If you claim Pennsylvania residence, will you have resided in PA for 12 consecutive months preceding your entry into Temple University? _____yes _____no

Have you been a student during the past 12 months? _____yes _____no
If yes, where? _____

Are you seeking graduate credit for the courses you plan to take while attending Temple?
_____ _____yes _____no

I am now and have been a legal resident of the state of _____
since _____19_____.

Address _____

City _____ State _____ Zipcode _____

Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries in this form are correct and complete.

Signature of Applicant (required) _____ Date _____