

STATISTICAL RECORD FOR NON-MATRICULATING AND RETURNING STUDENTS

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

Social Security #	TUId	Title	Last Name, First Name	MI	Suffix	Birth Date
Permanent Address				City	State	Zip
Email Address			Day Phone	Eve Phone	Cell Phone	
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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 _____

Ethnic Background	
<input type="checkbox"/> 1 American Indian or Alaskan Native	
<input type="checkbox"/> 2 Black or African American	
<input type="checkbox"/> 3 Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> 4 Asian <input type="checkbox"/> 5 White, <input type="checkbox"/> 6 Are you Hispanic/Latino (Y/N)	

Gender	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

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:	
<input type="checkbox"/> Res	<input type="checkbox"/> Non-Res Qual _____
Campus of Record _____	
Sign _____	
Date _____	
Rev 05/08 MM	