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.

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<tr>
<th>SEMESTER</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
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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 4 - Hispanic
2 – Black, not of Hispanic Origin 5 - White, not of Hispanic Origin
3 – Asian or Pacific Islander 6 - OTHER

MARITAL STATUS _____
D – Divorced
M – Married
S – Separated
S – Single
W – Widowed
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?_______________

ALL STUDENTS MUST COMPLETE THIS SECTION:

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.
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).

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.