ST. JOHN'S COLLEGE – ANNAPOLIS
OFFICE OF THE REGISTRAR

The college is required by the United States Department of Education and the Maryland Higher Education Commission to collect and maintain the following information.

NAME: _____ _____ _____
LAST FIRST MIDDLE

•**GENDER:** ☐ MALE ☐ FEMALE

•**DATE OF BIRTH:** _____ /_____/_____
Month Day Year

•**SOCIAL SECURITY #:** _____-_____-_____

•**STUDENT LEVEL:** ☐ Freshman ☐ Junior ☐ Graduate Institute Student
☐ Sophomore ☐ Senior

•**STATUS:** ☐ Full-time ☐ Part-time

•**CITIZENSHIP:**

Are you a U.S. citizen? ☐ YES ☐ NO:
-Country of Citizenship_____
-Immigration Visa Type _____

Do you hold Dual Citizenship? ☐ NO ☐ YES: Countries: _____

•**VETERAN STATUS:** Are you a veteran, or are you eligible for veteran's benefits? ☐ YES ☐ NO

•**GEOGRAPHIC ORIGIN:** When you applied to St. John's, in what state was your home located? _____
-**If you were a resident of Maryland,** please specify your origin:
☐ Baltimore City limits OR ☐ Maryland County (please list) : _____

•**RACIAL ORIGIN:** Choose one or more.

☐ Nonresident Alien or F-1 International Student

☐ Hispanic/Latino

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Two or more races

FRESHMEN AND TRANSFER STUDENTS ONLY:

-LAST HIGH SCHOOL ATTENDED: School:_____ City:_____ State:_____

-DATE OF HIGH SCHOOL GRADUATION: Month/Year _____

-PRIOR COLLEGE COURSEWORK?
☐ NO ☐ YES: Dates and Colleges:_____
Was this taken prior to graduation from high school? ☐ YES ☐ NO