

Pre-certified

Please complete every item on this form. PRINT the correct information within the boxes provided. Where indicated refer to the coding key on the reverse side.

Pre-certified

Incoming Freshman '07

JOHNS HOPKINS UNIVERSITY
OFFICE OF THE REGISTRAR
SUMMER STUDENT DATA FORM

A IDENTIFICATION INFORMATION: (GIVE FULL LEGAL NAME)

1. SOCIAL SECURITY NUMBER	2. LAST NAME (SUFFIX IF ANY), FIRST NAME, MIDDLE OR MAIDEN NAME	3. DATE OF BIRTH MO. DAY YEAR	4. Gender <input type="checkbox"/> 1. MALE <input type="checkbox"/> 2. FEMALE
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B STATISTICAL INFORMATION: (SEE CODING KEY ON REVERSE SIDE FOR ITEMS 5-9)

5. JHU HOME DIVISION	6. STUDENT CLASSIFICATION	7. MAJOR FIELD OF STUDY	8. TERM ENTRANCE STATUS	9. CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER	10. IF NOT A U.S. CITIZEN INDICATE COUNTRY OF CITIZENSHIP AND VISA STATUS <input type="checkbox"/> F VISA <input type="checkbox"/> J VISA <input type="checkbox"/> PERM. RESIDENT <input type="checkbox"/> OTHER	12. Primary Email Address
AS	00	299	Z			

C SUMMER MAILING ADDRESS:

13. NUMBER AND STREET Use both lines as necessary. Begin with Apartment # (if applicable) on line 13a.	14. CITY	15. COUNTY (IF MARYLAND)	
13a			
13b			
16. STATE	17. ZIP CODE	18. DAY AREA CODE PHONE NUMBER () -	19. EVENING AREA CODE PHONE NUMBER () -

D HOME ADDRESS: (GRADES WILL BE SENT TO THIS ADDRESS FOR PRE-COLLEGE AND VISITING UNDERGRADUATES)

21. NUMBER AND STREET Use both lines as necessary. Begin with Apartment # (if applicable) on line 21a.	22. CITY	23. COUNTY (IF MARYLAND)	
21a			
21b			
24. STATE OR COUNTRY	26. ZIP CODE	27. DAY AREA CODE PHONE NUMBER () -	27. EVENING AREA CODE PHONE NUMBER () -

E EMERGENCY CONTACT INFORMATION

28. LAST NAME	FIRST NAME	27. AREA CODE	PHONE NUMBER	30. COUNTRY
		()	-	