

TERM: **New Student**
 Fall ___ Spring ___
 Winter ___ Summer ___
 YEAR: _____

THE JOHNS HOPKINS UNIVERSITY
 School of Nursing
STUDENT INFORMATION & COURSE SELECTION

1. SSN: _____ - _____ - _____ 2. _____ LAST FIRST MIDDLE
3. Local Address: _____ Street City State Zip Code Maryland County (or Baltimore City) _____
4. Permanent Address: _____ Street City State Zip Code If Maryland address, County name _____
5. Local Phone: (____) _____ - _____ 6. Permanent Phone: (____) _____ - _____ 7. Work Phone: (____) _____ - _____
8. Cell Phone: (____) _____ - _____ 9. Emergency Phone: (____) _____ - _____ 10. Emergency Contact: _____
11. Date of Birth: ___/___/___ 12. Gender: Male ___ Female ___ 13. Email Address: _____
14. Ethnic Background: Hispanic ___ Non-Hispanic ___
15. Race (please circle all that apply): American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White
16. Citizenship: U.S. ___ Other ___ If non-U.S. citizen, Country of Citizenship _____
17. Visa Type: F-1 ___ J-1 ___ Permanent Resident ___ Other ___ 18. (Check one)** RN ___ LPN ___ 19. Sigma Theta Tau Member: Y N
20. Military Service: Armed Forces Division _____ Active Duty ___ Reserves ___ Veteran ___

COURSE SELECTION

DIV (NR)	Course Number	Section	Course Title	Credits	++Grade Method	Instructor Signature (If approval required)	Other Signature

Total Credit Hours _____ ++GRADE METHOD: G-Regular Grade; AU-Audit; P/F-Pass/Fail

Student's Signature _____ Advisor's Signature _____ Date _____

Financial Aid Signature _____ Date _____ Student Accounts Signature _____ Date _____

Registrar's Office Action: Date entered _____ Initials _____