

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: \_\_\_\_\_ Maryland County (or Baltimore City) \_\_\_\_\_  
     Street City State Zip Code  
 4. Permanent Address: \_\_\_\_\_ If Maryland address, County name \_\_\_\_\_  
     Street City State Zip Code  
 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. Sigma Theta Tau Member: Y N  
 19. 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 \_\_\_\_\_

Office of Student Records Action: Date entered \_\_\_\_\_ Initials \_\_\_\_\_