

Student Data Form

Student Name:		Date of Birth:
Current Address:		
Current Home Phone #:		Cell Phone #:
NSU email:		NSU ID #:
Permanent Address:		
Permanent Phone #:		

In Case of Emergency

1. Name:	Relationship:	Home Phone #:	Cell Phone #:
2. Name:	Relationship:	Home Phone #:	Cell Phone #:

Demographics

Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Hispanic or Latino:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	
Degrees Earned:	Degree:	Institution:	Year:

Undergraduate GPA:		Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Impaired:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visually Impaired:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Challenged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Residence:	<input type="checkbox"/> Florida <input type="checkbox"/> Canada	<input type="checkbox"/> One of the other 49 states/or DC <input type="checkbox"/> Other, where? _____		
Recruited From:	<input type="checkbox"/> Unknown <input type="checkbox"/> No known contact prior to receipt of application <input type="checkbox"/> Contact with alumni or your audiology program <input type="checkbox"/> Contact with alumni with other audiology program <input type="checkbox"/> Recruitment at a national/state audiology conference <input type="checkbox"/> Recruitment at a community health fair <input type="checkbox"/> Recruitment as a result of a mass mailing <input type="checkbox"/> Recruitment as a result of web-based advertising <input type="checkbox"/> Personal contact by program personnel post-application <input type="checkbox"/> Undergraduate recruiting fair <input type="checkbox"/> Other , describe			
Previous Activities:	<input type="checkbox"/> Applying after completing audiology-related undergraduate degree <input type="checkbox"/> Applying with a Masters or other graduate/professional degree <input type="checkbox"/> Applying after working in an auditory-related field <input type="checkbox"/> Applying after completing a non-auditory-related undergraduate degree <input type="checkbox"/> Applying after working in a non-auditory-related field			

Student Signature

Date