

Biographical Data Form – Students
Duke University, Dept of Computer Science

PERSONAL DATA *(Printed or Typed Only)*

Last Name: <i>(Family Name)</i>	First Name: <i>(Given Name)</i>	M.I.:
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Known as: <i>(Preferred Name)</i>	Duke Unique ID:	Social Security No:
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Birth Date:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:
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<u>Ethnicity* (select one)</u> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <u>Race* (select all that apply)</u> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<u>Veteran Status (select all that apply)</u> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Vietnam ERA Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to Answer Discharge Date:	<u>Citizenship</u> <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Non-Resident (INS)	<u>Registered Duke Student</u> <input type="checkbox"/> N/A Undergraduate <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior Graduate/Professional <input type="checkbox"/> Masters <input type="checkbox"/> PhD
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US Home Address	Telephone Numbers (provide all that apply)
Address Line 1:	Home:
Address Line 2:	Work:
City:	Cell:
State: Zip:	Pager:

E-mail:			
Person to be notified in case of emergency:	Telephone Numbers (provide all that apply)		
Name:	Relationship:	Home:	
Address Line 1:	Work:		
Address Line 2:	Cell:		
City:	State:	Zip:	Pager:

Work Study Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently or previously employed by Duke: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates/Depts employed:
Will you work for any other department this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list:

EDUCATION/EXPERIENCE

Highest Degree/Grade Completed:		
Degree Earned:	Dates:	Institution:

CURRENT COURSES/HOURS	
Enrolled For:	Number of Courses/Academic Hours
<input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester	<input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2
Undergraduate:	
Graduate:	

Date:	Signature:
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