## Student Information (PLEASE PRINT)

# FLORIDA ATLANTIC UNIVERSITY

**BIOLOGICAL SCIENCES**

**Semester \_\_\_\_\_\_\_\_\_\_ / Year \_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Personal Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | |
| Last | | | | | | | | | | | | | | | | | | | First | | | | | | | | M.I. | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | |  | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | State | | ZIP Code | |
| Home Phone: | | | |  | | | | | | | | | | | | Alternate Phone: | | | | |  | | | | | | | |
| E-mail Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Birth Date: | | | | | | | | | |  | | | | Marital Status: |  | | | | | | | | | | | | | |
| Spouse’s Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Spouse’s Employer: | | | | | | | | | | | |  | | | | | Spouse’s Work Phone: | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advisor and Program Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advisor |  | | | | | | | | | | | | | | | Advisor Email | | |  | | | | | | | | | |
| Office Phone | | | | | |  | | | | | | | | | | Campus | | |  | | | | | | | | | |
| Lab location | | | | | | |  | | | | | | | | | Lab Phone | | |  | | | | | | | | | |
| TA (yes or no) | | | | |  | | | | | | | | | | | **RA (yes or no)** | | |  | | | | | | | | | |
| PhD Program Start Term/Year: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Please Check: IB IB-N IB-ES MS PSM ESMS \_**  **Plan of Study complete: YES NO Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Emergency/Next of kin - Contact Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | |  | | | | | |  | | |
|  | | Last | | | | | | | | | | | | | | | | | | First | | | | | | M.I. | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Street Address | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
|  | | City | | | | | | | | | | | | | | | | | | | | | | State | | ZIP Code | | |
| Primary Phone: | | | | | | | |  | | | | | | | | | | Alternate Phone: | | | |  | | | | | | |
| Relationship: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |