## Student Information (PLEASE PRINT)

#  FLORIDA ATLANTIC UNIVERSITY

**BIOLOGICAL SCIENCES**

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

|  |
| --- |
| 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:**  |
|  |
| 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: |  |