

# FLORIDA ATLANTIC UNIVERSITY

## BIOLOGICAL SCIENCES

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

### Student Information (PLEASE PRINT)

#### 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) \_\_\_\_\_

**Program Start Term/Year:** \_\_\_\_\_

**Please Check:** IB IBNS IBES IBBS IBMO MS PSM ESMS

**Plan of Study complete:** YES NO **Completion 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: \_\_\_\_\_