

# Graduate School Information Form

## University of Richmond Graduate School of Arts and Sciences

**Note:** Complete and return this form if you are registering for a summer school course for graduate credit and have not previously taken a course for graduate credit at the University of Richmond.

### Student Information

Unless noted, all fields are required. Please print.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

#### ETHNIC GROUP:

- American Indian/Alaskan Native       Hispanic  
 Asian/Pacific Islander                 Black/Non-Hispanic  
 White/Non-Hispanic                         Multi-Racial  
 Other: \_\_\_\_\_

### Employer Information

CURRENT OCCUPATION \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

### Education Information

Colleges and Universities you have attended. (List dates and degrees attained.)

INSTITUTION NAME	DATES ATTENDED	DEGREE(S) EARNED
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Course Information

Graduate course for which you would like to register: \_\_\_\_\_

State briefly your purpose in taking a course for graduate credit.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_