



NAME (Last, First, M.I.)		SOCIAL SECURITY NUMBER	
PERMANENT ADDRESS (LINE 1)			
PERMANENT ADDRESS (LINE 2)		CITY	STATE
AREA CODE, TELEPHONE NUMBER	AREA CODE, CELL PHONE NUMBER	E-MAIL ADDRESS	
( )	( )		
FOREIGN ADDRESS (Country, Zip, City, Province)			

DATE OF BIRTH (mm/dd/yyyy)	SEX
/ /	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

**PLEASE ANSWER ALL QUESTIONS**

Where are you planning to reside?	<input type="checkbox"/> ON CAMPUS (1)	<input type="checkbox"/> COMMUTE (2)	<input type="checkbox"/> OFF CAMPUS (3)
What is your citizenship status?	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Immigrant/ Permanent Resident Alien	<input type="checkbox"/> Refugee <input type="checkbox"/> Nonimmigrant
Are you a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident		
If yes, for more than one year or less than one year? (Count back from the beginning of the term for which you are enrolling.)	<input type="checkbox"/> Yes, less than one year		
	<input type="checkbox"/> Yes, more than one year		
Is your father a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident		
If yes, for more than one year or less than one year? (Count back from the beginning of the term for which you are enrolling.)	<input type="checkbox"/> Yes, less than one year		
	<input type="checkbox"/> Yes, more than one year		
Is your mother a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident		
If yes, for more than one year or less than one year? (Count back from the beginning of the term for which you are enrolling.)	<input type="checkbox"/> Yes, less than one year		
	<input type="checkbox"/> Yes, more than one year		
Is your guardian a resident of Pennsylvania?	<input type="checkbox"/> No, not a PA Resident		
If yes, for more than one year or less than one year? (Count back from the beginning of the term for which you are enrolling.)	<input type="checkbox"/> Yes, less than one year		
	<input type="checkbox"/> Yes, more than one year		
I recorded the above. The information given is true and correct. I understand that falsification of any data may result in dismissal. I authorize any employer, educational institution, or agency to release such data as is required by the University to verify any of the above information. By signing below, I also authorize the University of Pittsburgh to request and, my high school and/or testing agencies to release, any academic information or college entrance test results needed to make my admissions file complete.			
Date		Student's Signature	