

ENTRY FORM FOR NEW AND RETURNING STUDENTS

Email _____ Indicate whether: ___ personal email ___ work email

Last Name, First Name, Middle Initial _____

Have you ever attended Temple before? ___ NO ___ YES

If YES, previous name at Temple: _____

Previous Temple Student No. _____

Date of Birth __/__/____ (MM/DD/Year)

Gender ___ M – Male F – Female P – Prefer not to answer

ETHNIC BACKGROUND (for Statistical Purposes Only) _____

1 – American Indian or Alaskan Native

4 – Hispanic or Latino

2 – Black or African American

5 - White, not of Hispanic Origin

3 – Asian or Pacific Islander

6 - OTHER

Permanent Home Address _____

Apartment (if applicable) _____

City _____ State _____ ZIP CODE _____

Cell Phone _____ Work Phone _____

Undergraduate College or University Attended:: _____

Type of Undergraduate Degree Received: _____

Major: _____ Year Received: _____

Graduate School or University Attended: _____

Type of Graduate Degree Received: _____ Year Received: _____

Years working in the pharmaceutical or related industry (if applicable): _____

Check here if you have no industry experience ___ (for statistical purposes only)

Students with Non-U.S. Citizenship: (skip if this does not apply).

What is your Visa type? _____

VISA CODES

B1	Temporary visitor for business	J1	Exchange/Visitor	F1	Student Visa
B2	Temporary visitor for pleasure	J2	Spouse/Dependent of J1 Visa Holder	F2	Spouse/Dependent of F1 Visa Holder
		OT	Other Visa type holder (A,C,D,G,H,K,L,M)		

G7 If you are a foreign national, what is your registration number? _____

ALL STUDENTS MUST COMPLETE: STATEMENT OF LEGAL RESIDENCE

The University may request documentary evidence to support your claim of legal residence

Country of your citizenship: _____
Do you presently reside in Pennsylvania? ___ NO ___ YES
In what state and county do you claim permanent legal residence?
STATE _____ COUNTY _____
If you claim Pennsylvania residence, have you have lived in Pennsylvania for twelve consecutive months prior to entering Temple University? ___ NO ___ YES
Have you been a student at any time during the past twelve months? ___ NO ___ YES
If Yes, at what institution? _____
I am now, and have been since _____, 19__ or 20__, a legal resident of the state of _____.

Students with U.S. Military Service or who have Spouses with U.S. Military Service (skip if this does not apply).

Check here if you are a Veteran of the U.S. Military _____ (SDEG 09)
If you are currently in Military Service, are you assigned to active duty at a specific Military Installation? ___ NO ___ YES
If you are the spouse or dependent of a military person assigned to active duty at a Pennsylvania Military Installation, please indicate relationship.
___ SPOUSE ___ DEPENDENT

All Students Must Complete:

I certify that the entries made on this Statement of Legal Residence are correct and complete.

Signature of Applicant (Required) _____

Date _____

Submit this form to QARAREG@temple.edu We will call you to confirm receipt.