



Registrar's Office
General Information Form

Please print legibly.

Name: _____
Last First Middle Initial

Preferred Name: _____ Birth Gender: Male / Female

Social Security #: _____ - _____ - _____ Birth Date: _____/_____/_____
M D YYYY

Permanent Home Address:

Street City State Zip Code Country

Home Town: _____

Cell Phone: () _____ - _____ Are you able to receive texts? Yes No

Alternate email address: _____

Concentration(s) Interested In:

1) _____ 2) _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two *optional* questions:

Do you consider yourself to be Hispanic/Latino?

- Yes
 No

Select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

By signing below, I affirm that the above information is accurate to the best of my knowledge. If there is a change to the information, I will notify Providence Christian College as soon as possible.

Student Signature

Date: _____/_____/_____