

Race: <input type="checkbox"/> African-American / Black / African <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian American / Asian <input type="checkbox"/> European American / White / Caucasian <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (please specify): _____	Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is your country of origin?	Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Serious dating or committed relationship <input type="checkbox"/> Married <input type="checkbox"/> Civil union, domestic partnership, or equivalent <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Academic Status: <input type="checkbox"/> Freshman / First-year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate / professional degree student <input type="checkbox"/> Other (please specify) _____	Academic Program: Major: _____ GPA: _____ Credits this semester: _____ Did you transfer from another campus/institution to FGCU? <input type="checkbox"/> Yes (when / where?) <input type="checkbox"/> No	Anything else we should know that would help us serve you better? _____ _____ _____ _____ _____
In case of emergency, who should we contact? _____ Home Phone _____		Relationship _____ Cell Phone _____

Thank you for your time and effort in completing this form. Please return this form to the front desk.

