

CALIFORNIA INSTITUTE OF TECHNOLOGY

OFFICE OF THE REGISTRAR 125-87
PASADENA, CA 91125

REGISTRATION INFORMATION

Please print or type, answering all questions where applicable. Return complete form to OFFICE of the REGISTRAR 125-87, CALIFORNIA INSTITUTE OF TECHNOLOGY, Pasadena, California 91125 before _____.

ADMISSION STATUS New Student: So. Transfer 3/2 Program or: Visiting Student
Freshman Jr. Transfer Graduate or: Special Student

PERSONAL INFORMATION

SOCIAL SECURITY NO.

Name in full _____
Last (Family Name) First Middle

Date of Birth ____/____/____ Place _____
Month Day Year City State Country

Gender: Male Female Mobile/Cell Phone: _____

U.S. Citizenship: Yes No

Are you a non-resident alien? Yes No If alien, are you a permanent USA resident? Yes No

Visa Type: Student F1 J1
F2 Exchange J2 Other (specify) _____ Citizen of what country _____

Single Married No. of Children _____ If you are a resident of California, indicate county _____

ETHNIC GROUP

Title VI, Civil Rights Act of 1964 (PL88-352) requires that the Institute collect the following information for all **American citizens** and **permanent resident aliens**. This information will be treated as confidential. Please check one:

American Indian or Alaskan Native African American/Black (Non-Hispanic Origin) Asian Latino/Hispanic* Caucasian/White Native Hawaiian/Pacific Islander Other or Additional _____

*Includes Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

PREVIOUS SCHOOL ATTENDED

Freshmen please list last high school attended; all others please list college or university. Include all degrees received or expected.

Give all dates as month/year.

Institution	Attendance from	to	Major	Degree	Date Conferred	School Code
_____	____/____	____/____	_____	_____	____/____	<input type="text"/>
_____	____/____	____/____	_____	_____	____/____	<input type="text"/>

EMERGENCY CONTACT/PARENT INFORMATION Please check one: Parent(s) Guardian Spouse Partner Other

This person(s) will be notified in case of emergency.

Please check one: Dr. / Mr. / Ms. / Mrs. First Name(s) Middle Initial(s) Last Name

Please check one: Dr. / Mr. / Ms. / Mrs. First Name(s) Middle Initial(s) Last Name

Street Address City State

Country Zip Code Area Code Telephone

Email Address Check appropriate box if either parent or spouse attended CALTECH: Father Mother Spouse

_____ Date _____ Signature