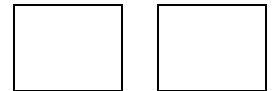




Office of the Registrar

# Supplemental Student Data



For Office Use

**DIRECTIONS:** Illinois residents must complete Sections 1 through 6 and 7 or 8. Non-Illinois residents must complete Sections 1-6. Remember to sign the form in Section 9.

**Note: This form is mandatory and should be submitted by the time you matriculate to Rush.**

<p style="text-align: right;"><b>Section 1</b></p> <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Legal Middle Name _____</p> <p>Former Names (if applicable) _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Primary Ph (_____) _____</p> <p>Secondary Ph (_____) _____</p> <p>Personal E-mail _____</p>	<p style="text-align: right;"><b>Section 2</b></p> <p>RUConnected ID # _____</p> <p>Degree Sought _____</p> <p>Major/Program _____</p> <p>Start Quarter <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20____</p> <p>Date of Birth Month _____ Day _____ Year _____</p> <p>Birthplace - City _____</p> <p>Birthplace - State or Country _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>
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<p><b>Ethnicity Information <u>Check ONE</u></b> <span style="float: right;"><b>Section 3</b></span></p> <p><input type="checkbox"/> -Hispanic or Latino</p> <p><input type="checkbox"/> -Not Hispanic or Latino</p>	<p><b>Racial Information <u>Check ONE or MORE</u></b> <span style="float: right;"><b>Section 4</b></span></p> <p><input type="checkbox"/> -African American or Black <span style="margin-left: 100px;"><input type="checkbox"/> -Chinese</span> <span style="margin-left: 100px;"><input type="checkbox"/> -Japanese</span></p> <p><input type="checkbox"/> -Native Hawaiian or Other Pacific Islander <span style="margin-left: 100px;"><input type="checkbox"/> -Indian</span> <span style="margin-left: 100px;"><input type="checkbox"/> -Thai</span></p> <p><input type="checkbox"/> -American Indian or Alaskan Native <span style="margin-left: 100px;"><input type="checkbox"/> -Korean</span> <span style="margin-left: 100px;"><input type="checkbox"/> -Other Asian</span></p> <p><input type="checkbox"/> -White <span style="margin-left: 100px;"><input type="checkbox"/> -Filipino</span></p>
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**Citizenship Status Check ONE** **Section 5**

1.  U.S. Citizen    2.  Permanent Resident - **Please ATTACH a copy (front & back) of your Alien Registration ("Green Card") to this form.**

3.  Non-Resident Alien - Visa Status \_\_\_\_\_ Country of Citizenship \_\_\_\_\_, **Attach copy of your passport.**

**Verification of Entering Student State of Residency** **Section 6**

"I am a resident of the State of \_\_\_\_\_" (Illinois residents see statements "A & B" below and answer Section 7 or 8 as required)

( International students – please fill out Section 5 and leave this section blank)

(A) If one or both of your living parents reside in Illinois, complete **SECTION 7**. (B) If both of your parents are deceased or both reside outside Illinois, complete **SECTION 8**

**Name of Parent or Guardian Residing in Illinois** **Section 7**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account for all of your time from high school graduation until admission to Rush University. Please list activities in chronological order, starting with the most recent. Include jobs, education, or other major activities (e.g. raising children, etc.). If you have been a full-time student, you may consider that educational pursuit as one activity. Please use the back of this form if necessary. **Section 8**

DESCRIPTION OF ACTIVITY	DATES (Month & Yr)		HOURS			LOCATION
	From	To	Full-Time	Section-Time	Hours per week	
Job, school, or other activity						City and State

Signature \_\_\_\_\_ Date \_\_\_\_\_ **Section 9**

12/09

**RETURN THIS FORM TO:** Rush University, Office of the Registrar, 600 S. Paulina St., Suite 440, Chicago, IL 60612  
 Fax: (312) 942-2310

# Emergency Contact Information

In case of an emergency, please indicate who Rush University should contact.

**Name of Person Who Should Be Contacted**

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**Relationship to You**

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**Phone Number**

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**Note:** If your emergency contact information changes during the time you are enrolled at Rush University, please stop by the Office of the Registrar and ask to fill out a new form so that the University's records can remain up-to-date.

**RETURN THIS FORM TO:** Rush University, Office of the Registrar, 600 S. Paulina St., Suite 440, Chicago, IL 60612  
Fax: (312) 942-2310

*Did you remember to sign Section #9 on the Supplemental Student Data form (=page #1)?*