

**COPPIN STATE UNIVERSITY**  
**Demographic Form**

**NAME**

Title	First	Middle	Last	Suffix	Marital Status

**ADDRESS**

Country	Address 1	City	County	Postal Code	State

Email Address	Home Phone	Work Phone

**PERSONAL PROFILE**

Gender	Highest Education Level

**ELIGIBILITY/IDENTITY**

Birth date	Birth Country	Birth State	Country (Citizenship)	Visa Code (National ID Type)	National ID (SS#, visa #)	Ethnic Group

**MILITARY STATUS**

Not in Military	Active Reserve	Inactive Reserve (subject to call-up)	Inactive Reserve	National Guard

**EMERGENCY CONTACT**

Name	Relationship	Phone No.

**EDUCATION**

Name of College or University	Address of College or University	Major	Date Graduated	Degree Received

**DEPENDENT INFORMATION**

Name	Relationship	Birth Date	Age	SSN

<b>Visa Expiration Date (if applicable)</b>	<b>Signature and Date</b>
---------------------------------------------	---------------------------