



Temple University - School of Pharmacy
Regulatory Affairs and Quality Assurance Graduate Program
425 Commerce Drive, Suite 175
Fort Washington, PA 19034
Phone: 267.468.8560 Fax: 267.468.8565

STUDENT STATISTICAL RECORD FOR NEW AND RE-ENTERING STUDENTS

NOTE: This form is used to determine state residency. Students are required to complete this form the first time they register with Temple. If they subsequently move to another state, they should submit the form again. The University does not use this form in any way to determine eligibility for admission, advancement or academic ranking within Temple University. Completing this form does not make you a degree candidate.

SEMESTER _____ FALL
_____ SPRING YEAR 20___
_____ SUMMER

Last Name, First Name, Middle Initial _____

Suffix ____ [II, JR, SR, IV]

Courtesy Title (Optional) _____ [BR. DR. FR. MR. MRS. MS. REV. SR.]

Have you ever attended Temple before? ___NO ___YES

If YES, previous name at Temple: _____

Previous Temple Student No. _____

Date of Birth __/__/__ (MM/DD/YY) Sex ____ M – Male F – Female

ETHNIC BACKGROUND (for Statistical Purposes Only) _____

- 1 – American Indian or Alaskan Native 4 - Hispanic
2 – Black, not of Hispanic Origin 5 - White, not of Hispanic Origin
3 – Asian or Pacific Islander 6 - OTHER

MARITAL STATUS _____

- D – Divorced
M – Married
S – Separated
S – Single
W – Widowed

Permanent Address _____

Apartment Name and Number (if applicable) _____

City _____ State _____ ZIP CODE _____

Home Telephone Number _____

Work Telephone Number _____

Cell Phone Number _____

Name of Employer: _____

Title at Company: _____

Department: _____

Employer Street Address: _____

Mailstop _____ City: _____

State: _____ Zip: _____

Number of years working in the pharmaceutical industry (if applicable): _____

Check here if you have no industry experience _____ (for statistical purposes only)

Are you planning to take any graduate level courses this year? ___ NO ___ YES

Check here if you are a Veteran of the U.S. Military _____ (SDEG 09)

High School Last Attended/GED Date:

NAME OF SCHOOL _____

CITY AND STATE _____

MO./YR. OF GRAD. __ / __ DATES ATTENDED _____

College or University Attended:

Include any campus of Temple University (continue on a separate sheet of paper, if necessary).

NAME OF INSTITUTION _____

CITY AND STATE _____

DEGREE(S) EARNED _____

DATES ATTENDED _____

International Students:

If you are a foreign national, what is your Visa type? _____

VISA CODES

B1 Temporary visitor for business	J1 Exchange/Visitor	F1 Student Visa
B2 Temporary visitor for pleasure	J2 Spouse/Dependent of J1 Visa Holder	F2 Spouse/Dependent of F1
F1 Student Visa	OT Other Visa type holder (A,C,D,G,H,K,L,M)	Visa Holder

G7 If you are a foreign national, what is your registration number? _____

ALL STUDENTS MUST COMPLETE THIS SECTION:

STATEMENT OF LEGAL RESIDENCE

Country of your citizenship: _____

Do you presently reside in Pennsylvania? ___NO ___YES

In what state and county do you claim permanent legal residence?

STATE _____ COUNTY _____

If you claim Pennsylvania residence, will you have lived in Pennsylvania for twelve consecutive months preceding your entry into Temple University? ___NO ___YES

Have you been a student at any time during the past twelve months? ___NO ___YES

If Yes, at what institution? _____

If currently in Military Service, are you assigned to active duty at a Pennsylvania Military Installation? ___NO ___YES

If you are the spouse or dependent of a military person assigned to active duty at a Pennsylvania Military Installation, please indicate relationship.

___SPOUSE ___DEPENDENT

I am now, and have been since _____, 19___ or 20___, a legal resident of the state of _____.

TEMPLE UNIVERSITY RESERVES THE RIGHT TO REQUEST DOCUMENTARY EVIDENCE IN SUPPORT OF YOUR CLAIM OF LEGAL RESIDENCE.

Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this Statement of Legal Residence are correct and complete.

Signature of Applicant (Required) _____

Date _____

This form must be completed in full, signed, dated, and returned by fax (267.468.8565) or mailed to the QA/RA Office at 425 Commerce Drive, Suite 175, Fort Washington, PA 19034. Sorry, but we cannot process your initial registration until this form is submitted. The last page with your social security number must be attached. That page will be destroyed after your registration is processed, and you will be provided with a TUid (Temple University Identification Number) for future registration.

G1 Social Security Number _____

Temple University requests your Social Security number (SSN) because federal, state, and local law requires the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11).

Your name: _____

This page will be destroyed once your registration is processed. At that point you will be issued a TUID (Temple University Identification Number) to use for future registration, so you will not need to disclose your social security number again.