

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

Name in full _____
Last (Family Name) First Middle

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

Gender: _____ 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/RACIAL 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.

Do you consider yourself to be Hispanic/Latino? Yes No In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native Black or African American White
 Asian Native Hawaiian or Pacific Islander

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
_____	____/____	____/____	_____	_____	____/____/____
_____	____/____	____/____	_____	_____	____/____/____

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 _____