

# 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