

SCHOOL OF NURSING
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA

STUDENT PROFILE DATA FORM

PLEASE PRINT

Name: _____ Date: _____

Social Security Number: _____ Classification: FR SO JR SR Age: _____

Date of Birth: ___ / ___ / 19___ Marital Status: _____ No. of Dependents: _____

Are you an R.N.? _____ LPN _____ License No. _____

Are you a Transfer Student? _____ Anticipated Date of Graduation: _____

Employed: Yes ___ No ___ Position: _____ No. hours worked weekly: _____

Place of Employment and Address: _____

Local Address: _____ Telephone No. _____

Email Address: _____ Cell Phone No. _____

If OFF CAMPUS, show complete address below including city, zip and telephone number:

Permanent Residence (Including city, state, zip, and telephone number plus area code):

Parent or Guardian (Including address, city, state, zip, and telephone number plus area code):

Person to be notified in Case of Emergency: _____

Address: _____

Telephone No.: _____

Campus: HU _____ COVB _____

Date completed: _____