

# Post-Admission Questionnaire

We collect this information for a variety of purposes: for enrolling you in insurance, acquiring visas, and creating an account at Augsburg College so you can be registered for classes. \*Please note that the starred items are required.

Name\* \_\_\_\_\_

Gender    Male    Female

DOB\* \_\_\_\_\_

SSN\* \_\_\_\_\_

Country of Citizenship\* \_\_\_\_\_

Do you have a passport?\*

Yes    Number \_\_\_\_\_    Expiration \_\_\_\_\_

Please note: your passport must be valid for at least six months past your return to the U.S. after travel abroad

No    You should apply for a passport immediately if you do not already have one. See:

[http://travel.state.gov/passport/passport\\_1738.html](http://travel.state.gov/passport/passport_1738.html))

If you wish to identify yourself as a member of an ethnic and racial group, please indicate:

African-American

Asian/Pacific Islander

Hispanic/Latino

American Indian/Alaskan Native

Caucasian

Middle-Eastern

Mixed Race

**In case of an emergency situation during the semester program, whom should we contact?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-Mail(s) \_\_\_\_\_

Check here if you do not want program information sent to your emergency contact(s):

Please indicate the addresses and phone numbers of all the places where you can be reached between now and when the semester program begins. (Include school, vacation times, trips home, etc.)

From \_\_\_\_\_ to \_\_\_\_\_ (dates) Phone \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (dates) Phone \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (dates) Phone \_\_\_\_\_

Address \_\_\_\_\_

Comments: