

MILITARY SCIENCE CLASS ★ Student Information Card

YEAR:

INSTRUCTOR _____ COURSE MS FALL SPRING

STUDENT LAST NAME _____ DATE OF BIRTH _____
FIRST NAME _____ (DD / Month / YYYY)

MIDDLE NAME _____ LAST 4 DIGITS of SS # _____
Preferred First Name _____ JCU BANNER ID _____

SCHOOL _____ OTHER SCHOOL ID _____

CLASS YR: Freshman Sophomore Junior Senior Grad School Prior Service

If attending school **other** than JCU, have you completed and submitted Cross Registration form? Yes No

CELL PHONE _____

PREFERRED E-MAIL _____

RESIDENCE WHILE AT SCHOOL:

Street Address Apt. or Dorm Room # or Mail Box # City

ARMY E-MAIL: _____

HOME RESIDENCE:

Street Address Apt. City State Zip

PARENT or GUARDIAN NAME(S) _____

THEIR Land Line and/or Cell Ph: LL: () Cell: ()

PREFERRED EMERGENCY CONTACT:

NAME _____

ADDRESS _____

PHONE () _____

STUDENT SIGNATURE & DATE _____