

Information Questionnaire

School of Engineering – Graduate Programs

The university is required to report student profile information to the state and federal governments. Your responses are confidential and will not be used for admission to the university. Please print.

Date of Birth (month/day/year)	Name: Last	First	Mid Init
Religion (Optional)			
BT <input type="checkbox"/> Baptist	LA <input type="checkbox"/> Evan. Lutheran Church of Am.	JE <input type="checkbox"/> Jewish	UB <input type="checkbox"/> United Methodist
RC <input type="checkbox"/> Roman Catholic	LO <input type="checkbox"/> Other Lutheran	OR <input type="checkbox"/> Orthodox	SH <input type="checkbox"/> Shinto
CH <input type="checkbox"/> Chinese Religions	EP <input type="checkbox"/> Episcopal (Anglican)	MU <input type="checkbox"/> Muslim	PR <input type="checkbox"/> Presbyterian
BU <input type="checkbox"/> Buddhism	HI <input type="checkbox"/> Hinduism	NA <input type="checkbox"/> Native American	OT <input type="checkbox"/> Other _____
			NO <input type="checkbox"/> None

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: S <input type="checkbox"/> Single M <input type="checkbox"/> Married T <input type="checkbox"/> Other
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Disability (Optional)				
1 <input type="checkbox"/> Wheelchair Use	4 <input type="checkbox"/> Impaired Vision	7 <input type="checkbox"/> Speech Impediment	A <input type="checkbox"/> Seizure Disorder	O <input type="checkbox"/> Other _____
2 <input type="checkbox"/> Orthopedic Difficulty	5 <input type="checkbox"/> Totally Deaf	8 <input type="checkbox"/> E.D. Emotionally Disabled	B <input type="checkbox"/> Multi-Disabled	_____
3 <input type="checkbox"/> Legally Blind	6 <input type="checkbox"/> Impaired Hearing	9 <input type="checkbox"/> L.D. Learning Difficulty	C <input type="checkbox"/> Blind and Deaf	_____
State Residing in When Applying to Program				
State _____				
County of Residence (Minnesota Residents Only)				
County _____				
Country Residing in When Applying to Program				
Country _____				

Contact in Case of Emergency	Phone
Relationship	
SP <input type="checkbox"/> Spouse MF <input type="checkbox"/> Mother and Father MO <input type="checkbox"/> Mother FA <input type="checkbox"/> Father GU <input type="checkbox"/> Guardian BR <input type="checkbox"/> Brother/Sister GR <input type="checkbox"/> Grandparent AU <input type="checkbox"/> Aunt/Uncle OT <input type="checkbox"/> Other	

Signature: _____ Date: _____

**Thank you for your interest in the University of St. Thomas
School of Engineering**