

# Concordia University

## Post-Acceptance PSEO Student General Information Form

In order to complete our records, the Office of Admission requests your assistance in filling out this post-acceptance questionnaire. Please return it as soon as possible in the enclosed envelope.  
This form has no bearing on your PSEO admission. Thank you!

### **Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Nickname/Preferred First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

### **General Information**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (circle one):            Male            Female

Anticipated Date of High School Graduation: \_\_\_\_\_

I plan to attend classes (circle one): On campus or Online

### **Demographics**

The following information is for statistical purposes only.

Citizenship (circle one):      Citizen or national of the U.S.      Lawful Permanent Resident

Alien authorized to work      Other: \_\_\_\_\_

Race/Ethnicity (circle all that apply): Caucasian      African American      Asian  
Latino      Native American      Other: \_\_\_\_\_

Religious affiliation (i.e. Lutheran LCMS, ELCA, WELS, Catholic, Islam, etc.):

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(Over)

**Emergency Contact Information**

In case of an emergency, please contact:

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**OR**

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_