

STUDENT DATA INFORMATION FORM

****This form can be electronically completed in Magnus. Please address ALL blanks. If something is “not applicable”, complete with an “NA”.**

Last Name		First Name		M.I.
Student ID Number	Last 4 Digits of SSN		Date of Birth	
Permanent Street Address			Are you currently employed at a hospital? If so, which one and what unit?	
City		State	Zip Code	
Mailing Street Address <i>(if different from above)</i>			Date of Last Flu Shot	
City		State	Zip Code	
Home Telephone Number ()		Cell Telephone Number ()		
Car Make		Car Model		
Car Color		Car Tag Number		
Rams mail E-mail Address Only (NO personal/business email allowed)				

**** If you have not already done so, please activate your “Rams mail” e-mail account immediately! This is our primary means of communication with you. Failure to activate the account or to check your e-mail every day may result in your missing important information regarding this program and your classes! ****