

**The Johns Hopkins University
Bloomberg School of Public Health
Office of Records and Registration**

STUDENT DATA FORM

Continuing from previous term: _____
 Returning after absence: _____
 New student: _____

Last Name: _____ Sex:

First Name: _____ Birthdate: / /
 (mm/dd/yyyy)

Middle Name: _____

Student ID/SSN: -

Ethnic Code: (please circle code)
 1. Amer. Indian 2. Black Amer. 3. Asian Amer.
 4. Hispanic Amer. 5. Other Amer.
 6. Neither US Citizen nor US Perm Resident

Degree Program: _____

Dept.: _____

Citizenship (Visa): _____

Perm Resident of (Country): _____

Local Address:

Permanent Address:

Street 1: _____

Street 1: _____

Street 2: _____

Street 2: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

If Maryland, Specify County: _____

Phone: _____

Zip: _____

Country: _____

Email: _____

Phone: _____

Emergency Contact (name, telephone, relationship to you):

Profession code: _____

2nd Profession code: _____

(Enter number from list below)

- | | | |
|--|---------------------------------------|---------------------------------|
| 01 Accountant | 17 Health Services Adm. | 33 Student |
| 02 Architect | 18 Historian | 34 Physician |
| 03 Audiologist | 19 Hospital/Clinic Administrator | 35 Physicist, Health Physicist |
| 04 Biologist, Zoologist, Ecol., Entomol. | 20 Industrial Hygienist | 36 Physiologist |
| 05 Biostatistician | 21 Information System Specialist | 37 Podiatrist |
| 06 Chemist, Biochemist | 22 Journalist | 38 Rehabilitationist |
| 07 Clergy | 23 Chemistry | 39 Sanitarian |
| 08 Clinical Health Worker | 24 Lawyer | 40 Social Scientist |
| 09 Dietician, Nutritionist | 25 Mathematician, Statistician | 41 Social Worker |
| 10 Dental Hygienist | 26 Medical Records Librarian | 42 Teacher |
| 11 Dentist | 27 Medical Student | 43 Toxicologist, Pharmacologist |
| 12 Economist | 28 Microbiol., Parasitol., Virologist | 44 Veterinarian |
| 13 Engineer | 29 Nurse | 45 Public Health Administrator |
| 14 Environmental Scientist | 30 Occupational Therapist | 48 Not Specified |
| 15 Epidemiologist | 31 Optometrist | |
| 16 Health Educator, Health Planner | 32 Pharmacist | |

Signature: _____ Date: _____