
Student Datasheet

Name _____

Major _____ Minor/Concentration _____

ID # _____ Date of Birth (mm/dd/yy) _____ Geneva College Box # _____

Home Address _____

City _____ State _____ Zip _____

E-mail Address _____ Country of Citizenship _____

Program Selected _____

Passport Number _____ Passport Expiration Date _____

1st Emergency Contact Name: _____ Relationship to You _____

1st Emergency Contact Home Phone # _____ Work # _____ Cell # _____

1st Emergency Contact E-mail Address _____

2nd Emergency Contact Name: _____ Relationship to You _____

2nd Emergency Contact Home Phone # _____ Work # _____ Cell # _____

2nd Emergency Contact E-mail Address _____

Student's signature _____