

# STUDENT INFORMATION FORM

Citadel 101 — First Year Experience

NAME \_\_\_\_\_  
Last, First Middle What you are called

Company \_\_\_\_\_ Barracks Room # \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Major: \_\_\_\_\_ Faculty Advisor

Campus Mail MSC # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_@Citadel.edu

Home (permanent) address:

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Is English your native language? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## OPTIONAL:

Have you ever been diagnosed as having a learning disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," what type of disability do you have?

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**If there's anything you would like me to know about you, please tell me here:**