

Education Department Database Form
Franciscan University of Steubenville

Select

Semester

Year

FILL IN ALL BLANKS

Name _____ Date of Birth _____
Month/Day/Year

Last 5 digits of Social Security Number ____ _ Student ID# _____

E-mail Address (School) _____ (Personal) _____

Permanent Home Address _____
Street Address City State Zip Code

Local School Address or Box No. _____
(If different from permanent address)

Local Phone/Cell phone _____

Gender Select

Ethnicity (please be specific) Select

FUS Advisor Select

Nonlicensure Area

Teaching License (all Baccalaureate students seeking a teaching license)

Class Rank Select

Area of licensure Select

Graduate Section (all MS Education and MS Educational Administration students)

Concentration MS Educational Administration