



Personal Information:

Name: _____ Date of Birth: _____

Telephone: _____

Email: _____ Gender: Male Female

Current Address: _____

City: State: Zip Code: _____

Emergency Contact: Name: _____ Relationship _____ Telephone: _____

Are you a citizen of US: Yes No If No, please submit a copy of your green card at the time of registration.

Social Security Number: _____

Is your Social Security number issued after June 24, 2011? Yes No

If yes, please fill out the Social Security Release and Verification form issued by the Social Security Administration.

- Ethnic background: Caucasian African American Latino Asian
 American Indian Alaskan Other

- *Provision of this information is voluntary and will not affect consideration of your application. The response is used solely for compliance with civil rights laws.*

Education:

Do you have a high school diploma or GED? Yes No Year of graduation _____

Name of high school/GED testing site: _____

City: _____ State _____

Did you attend an educational institution beyond high school? YES NO

If yes, please enter the name of the name of institution(s): _____

Years attended: _____ to _____

Did you graduate from this institution? YES NO Field of Study _____

**I do hereby authorize the disclosure to Falcon Institute of Health and Science any information that may be requested conserving my record of arrest/conviction.*

**The registration fee is fully refundable if the student requests cancellation within 5 calendar days of submitting the registration fee. The registration fee is nonrefundable after 5 calendar days.*