

Education Department Database Form
Franciscan University of Steubenville

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 _____

Ethnicity (please be specific) _____

FUS Advisor _____

Teaching License (all Baccalaureate students and Post-baccalaureate students seeking a teaching license)

Class Rank _____ Area of licensure _____

Graduate Section (all Master students [MS Education, MS Education Administration, Superintendent license, Principal license])

Concentration _____