

CLASS OF 2016
NJMS STUDENT INFORMATION FORM

Applicants's Name _____

Mother's Name: _____

Living(Y/N): _____ Occupation: _____ Employer: _____ Title: _____

Home Address: _____

Telephone: _____ E-mail: _____

College Name and Degree Earned (if any): _____

Graduate School and Degree Earned (if any): _____

Father's Name: _____

Living(Y/N): _____ Occupation: _____ Employer: _____ Title: _____

Home Address: _____

Telephone: _____ E-mail: _____

College Name and Degree Earned (if any): _____

Graduate School and Degree Earned (if any): _____

Siblings:
How Many: _____ Ages of brothers: _____ Ages of sisters: _____

- Other:**
- Do you have any relatives who are students, graduates or faculty of NJMS (give name and relationship):

 - In recognition of your outstanding accomplishment, we may wish to contact your local newspaper during orientation week (August 2012) to inform them of your matriculation to NJMS. Please provide the name of your local newspaper(s): _____

Please note that by providing us with this information, you are authorizing us to release your name and county of residence to the newspaper you indicate.