

Personal Data Form

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PERSONAL
 INFORMATION
 (PRINT CLEARLY)

DATE _____ CLASS OF _____

YOUR NAME _____
LAST FIRST MIDDLE

ADDRESS _____

TELEPHONE _____ RELIGIOUS PREFERENCE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

CITIZENSHIP _____ PERMANENT U.S. RESIDENT? YES NO

SECONDARY SCHOOL _____

ADDRESS _____

IF YOU ARE A TRANSFER STUDENT: PREVIOUS COLLEGE, LOCATION, AND DATES ATTENDED

PARENTS OR GUARDIANS

HOW WOULD YOUR PARENTS LIKE COLLEGE MAILINGS ADDRESSED (MR. & MRS. JOHN SMITH; JOHN & JANE SMITH)?

FATHER'S FULL NAME _____	MOTHER'S FULL NAME _____
IS HE LIVING? _____	IS SHE LIVING? _____
HOME ADDRESS IF DIFFERENT FROM YOURS: _____ _____	HOME ADDRESS IF DIFFERENT FROM YOURS: _____ _____
PREFERRED TELEPHONE _____	PREFERRED TELEPHONE _____
EMAIL _____	EMAIL _____
OCCUPATION _____	OCCUPATION _____
NAME OF EMPLOYER _____	NAME OF EMPLOYER _____
COLLEGE _____	COLLEGE _____
DEGREE _____ YEAR _____	DEGREE _____ YEAR _____
PROFESSIONAL OR GRADUATE SCHOOL _____	PROFESSIONAL OR GRADUATE SCHOOL _____
DEGREE _____ YEAR _____	DEGREE _____ YEAR _____
IS YOUR FATHER/STEPFATHER INTERESTED IN VOLUNTEERING FOR MOUNT HOLYOKE COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR MOTHER/STPMOTHER INTERESTED IN VOLUNTEERING FOR MOUNT HOLYOKE COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT WITH BOTH PARENTS, WITH WHOM DO YOU MAKE YOUR PERMANENT HOME? _____	
PLEASE CHECK IF PARENTS ARE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____	

STEP PARENTS OR GUARDIANS

STEPMOTHER FULL NAME _____ STEPFATHER FULL NAME _____

IS SHE LIVING? _____ IS HE LIVING? _____

OCCUPATION _____ OCCUPATION _____

NAME OF EMPLOYER _____ NAME OF EMPLOYER _____

COLLEGE _____ COLLEGE _____

DEGREE _____ YEAR _____ DEGREE _____ YEAR _____

PROFESSIONAL OR GRADUATE SCHOOL _____ PROFESSIONAL OR GRADUATE SCHOOL _____

DEGREE _____ YEAR _____ DEGREE _____ YEAR _____

GRANDPARENTS

Grandparents of Mount Holyoke College students often enjoy receiving information from the College and being invited to College events. If you would like your grandparent(s) to become involved, please provide the following information:

MATERNAL NAME(S) _____

PATERNAL ADDRESS _____

MATERNAL NAME(S) _____

PATERNAL ADDRESS _____

FAMILY

INFORMATION

In the following sequence of numbers, circle your position and draw a line after the number of children in your family.

Example: third child in a family of five children—1 2 ③ 4 5 / 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Please list the full name, sex, birth date, and school/college/occupation of siblings:

NAME	SEX	DATE OF BIRTH	SCHOOL/COLLEGE/OCCUPATION
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Please list the names of any relatives who have attended Mount Holyoke College. Indicate their class year and relationship to you. If you are acquainted with MHC faculty or staff, please list them as well.

NAME	DATES OF ATTENDANCE	RELATIONSHIP
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If parents or guardians are living abroad, please give name and address of contact in the U.S.

NAME _____

ADDRESS _____