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## Student Information Sheet

**Date:**

**Student Name:**

**Address:**

**State/Province:**

**Zip/Postal Code:**

**SS Number (last 4 digits Only):**  **Z Number (FAU Student ID):**

**Home Phone:**  **Email Address:**

**Cell phone:**

**Work phone:**

### Program (Check One):

- Traditional BSN
- Accelerated BSN
- RN-BSN
- MS/N Track
- PhD

**Please Print this form and either mail it or drop it off in person to:**  
**Karen Andersen, Room NU336A.**