



NCAS Fellow Contact Form

<u>Name: (Last, First, Middle Initial)</u>		<u>Date:</u>
<u>Current Address:</u>		
<u>Permanent Address:</u>		
US Citizen* Yes No		
<u>Home Phone #:</u>		<u>Cell/Mobile Phone#:</u>
<u>Date of Birth:</u>	<u>Gender</u> F M	<u>Student ID#:</u>
<u>Personal E-mail:</u>		<u>School E-mail:</u>
Preferred E-mail: Personal or School		
<u>Major:</u>		<u>Classification** :</u>
<u>Research Interest/Topic:</u>		
<u>NCAS Partner Institution:</u>		
<u>Academic Advisor Name:</u>		<u>Expected Graduation Date:</u>
<u>Name of Emergency Contact:</u>		<u>Emergency Contact Phone #:</u>
<u>Relationship:</u>		
<u>Emergency Contact Address:</u>		
<u>Signature:</u>		
<u>Ethnicity:</u> Black or African American ___ ; American Indian or Alaska Native ___ ; Asian ___ ; Hispanic or Latino ___		
<u>Native Hawaiian Other Pacific Islander ___ ; White ___ ; None ___ ; Other ___</u>		

*Citizenship Verification by: US Birth Certificate and State ID; Valid US Naturalization Certificate; US Passport

** Identify: Undergraduate or Graduate student and current level (Freshmen, Sophomore, Junior, Senior, Master or PhD student)