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FIRST NAME

FIRST NAME

MIDDLE OR MAIDEN

### **Ethnic Background (Check One)**

Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?       yes     no

#### **What is your race?**

White

Black/African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Are you a U.S. Citizen? Yes  No  If no, which one of the following statements accurately describes your citizenship status?

Immigrant (permanent resident) residing in Pennsylvania.

Immigrant (permanent resident) residing in another U.S. State or territory.

I have a non-immigrant visa.      Specific type: \_\_\_\_\_

Are you a legal resident of the State of Pennsylvania? Yes  No

If yes, more than one year? \_\_\_\_\_ less than one year? \_\_\_\_\_

“I have completed all applicable spaces on this form, and I affirm their accuracy. Should there be any misrepresentation of the facts on this form, I understand this may be cause of refusal or cancellation of my enrollment.”

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Signature

Date

Fax this form to 215-881-7412 or mail it to: Penn State Abington, Cloverly Building, 1600 Woodland Road, Abington, PA 19001