SOUTHERN UNIVERSITY
COLLEGE OF ARTS AND HUMANITIES
PERSONAL DATA FORM FOR GRADUATING SENIORS

_____

FULL NAME

_____

MAILING ADDRESS CITY & STATE ZIP

_____

LOCAL TELEPHONE:

_____

PERMANENT ADDRESS CITY & STATE ZIP

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ E-Mail Address_____

MAJOR:_____ MINOR:_____

GRADUATION DATE:_____

ORGANIZATIONAL AFFILIATIONS: (INCLUDE DATES)

_____

_____

_____

_____

NOTE: USE BACK OF SHEET IF NECESSARY

I PLAN TO ATTEND GRADUATE OR PROFESSIONAL SCHOOL

YES_____ NO_____

_____

I HAVE ACCEPTED EMPLOYMENT WITH_____
LOCATED IN_____

MY PLANS FOR THE IMMEDIATE FUTURE ARE INDEFINITE: YES _____ NO _____

OTHER COMMENTS: _____
_____
_____