



COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Personal Information Form

General Information

Legal First Name: _____ Middle Initial: _____ Legal Last Name(s): _____

Preferred Name (optional): _____

Home/Permanent Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Mailing/Current Address (if different from above): _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ UNI (if applicable): _____

Primary Phone: _____ ☐ Home ☐ Mobile

Personal

Date of Birth (MM/DD/YYYY): _____

Gender: ☐ Male ☐ Female ☐ Nonbinary ☐ Choose not to disclose Preferred Pronouns (optional): _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed As of Date: _____

Citizenship Status: ☐ US ☐ Non-US Citizen

If Non-US Citizen, specify ☐ F-1 ☐ J-1 ☐ Permanent Resident ☐ Other: _____

Education

Highest Education Level Completed: _____ Date Received (MM/YYYY): _____

Institution: _____

Degree: _____ Location: _____

Other CU Affiliations

Are you currently a student at Columbia, TC or Barnard? ☐ Yes ☐ No Anticipated Graduation (MM/YYYY): _____

Check the appropriate student status ☐ Full-Time/Half-Time ☐ Part-Time

☐ Undergraduate ☐ Graduate ☐ Other: _____

Have you ever been employed at Columbia?: ☐ Yes ☐ No

If yes, when and what was your title?: _____

Department Name: _____

Are you currently a paid employee anywhere at Columbia? ☐ Yes ☐ No

If yes, what is your title?: _____

Department Name: _____