

Student Information Form

(This info is collected of students participated in LaSPACE or EPSCoR funded programs for LaSPACE & NASA Office of Education use only.)

Date Submitted to LaSPACE: _____

Name: _____ Date of Birth _____

Permanent Address: _____

Permanent Telephone: _____ Permanent e-mail: _____

Current Telephone: _____ Current e-mail: _____

University: _____ Faculty advisor/mentor: _____

Advisor Phone: _____ Advisor E-mail: _____

Project/Program: _____ Participation Dates: _____

Citizenship: _____ Gender: M F Ethnicity: Hispanic/Latino: Yes No

Race: _____ (White; African-American; Black; Asian; American Indian; Alaskan Native; Native Hawaiian; Pacific Islander)

Do you have a disability that limits a life activity? Yes No

Will you or your siblings be the first in your family to graduate from college? Yes No

In middle/high school, did you qualify for subsidized school lunch? Yes No

Undergraduate Student: Yes No

If Yes: Year in School: _____ Major: _____ Anticipated Graduation (mo./yr.): _____
(freshman/sophomore/junior/senior)

Post-graduation plans (if known): _____

Graduate Student: Yes No

If Yes: Degree Sought: _____ Dept/Major: _____ Anticipated Graduation (mo./yr.): _____

Post-graduation plans (if known): _____

Please share highlights from your participation in this program, including lessons learned, special opportunities or skills gained, etc. Use the space below and/or attach additional sheets as needed. Be sure your name is included on all pages.