

## Entering Student Form

Name: \_\_\_\_\_

Nationality/Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Local NYC Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

CU Email Address: \_\_\_\_\_

Non-CU Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

What are your research interests? \_\_\_\_\_

\_\_\_\_\_

How did you first hear about the MA program? \_\_\_\_\_

Please return to [kim.sharon@columbia.edu](mailto:kim.sharon@columbia.edu)

by September 4<sup>th</sup>