

Registration Form for University of Iowa NEXUS Program

NOT REQUIRED

Social Security Number: _____

Date of Birth: _____

Month/Day/Year

Gender: M F

Name: _____

Last

First

MI

Maiden

Address: _____

Street

Apt

City State Zip Country County

Phone Number: _____

E-mail: _____

Citizenship: USA Other _____

Permanent resident of the US? Yes No

If a permanent resident of the US, provide your Alien Registration Number: _____

If a nonimmigrant visa holder, indicate the type of visa you hold: _____

Ethnic/racial/tribal affiliation information (optional): Are you Hispanic/Latino(a)? Yes no

What race do you consider yourself to be? (indicate one or more)

Alaskan Native or American Indian (tribal/nation affiliation): _____

African American/Black

Native Hawaiian or Other Pacific Islander

Asian

White

I prefer not to respond

Are you a veteran? Yes No



Questions? Please contact:

dce-registration@uiowa.edu or (319) 335-2852