**DEPARTMENT OF THE AIR FORCE**
AFROTC Detachment 750, Saint Joseph's University
Philadelphia, PA 19131-1399

## SAINT JOSEPH'S UNIVERSITY

## DEPARTMENT OF AEROSPACE STUDIES

## VISITOR FORM

**COURSE(s): AER _____, _____, _____**

***PLEASE PRINT CLEARLY***

_____
(Date)

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

Social Security Number: _____

Home Address: _____
(Number and Street) (Apt., if applicable)

_____
(City) (State) (Zip)

County (**only** if permanent resident of PA or NJ)_____

Home Phone: (_____)_____

Male: ____ Female: ____ Date of Birth: _____/_____/_____
Mo Day Yr

Address while at school: _____

Cell Phone: (_____)_____ E-mail address: _____

Citizenship: _____ U.S. Citizen _____ Student Visa
_____ Resident Foreign National _____ Non-Student Visa

Predominant race and religious affiliation (Optional, strictly used for statistical purposes **only**)

___ White, non-Hispanic origin ___ Asian-American ___ Catholic
___ African-American, non-Hispanic origin ___ Native American ___ Protestant
___ Hispanic/Latino ___ Other _____ ___ Jewish

College currently attending: _____

Freshman ____ Sophomore _____ Junior _____ Senior ____

*Check one*: _____ FALL _____ SPRING Academic Year _____

Academic Major: _____