



## Personal Data (optional)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_

Gender:  Female  Male

Marital Status:  Single  Married  Widowed  Separated  Divorced

Full name and birthdate of spouse: \_\_\_\_\_

Full name and birthdates of children: \_\_\_\_\_

\_\_\_\_\_

### Racial/ethnic identification (U.S. citizens and permanent residents only):

Hispanic  White  African-American  Asian or Pacific Islander  
 American Indian or Native Alaskan  Other

Permanent Resident number if applicable \_\_\_\_\_

Indicate any physical or emotional conditions of illnesses that you have had in the last five years that may impact your experience as a student. Explain (if any) and give dates:

\_\_\_\_\_  
\_\_\_\_\_

Indicate any physical conditions that may require reasonable accommodation. Explain (if any):

\_\_\_\_\_  
\_\_\_\_\_

### Certification of data

I hereby certify that all of the information contained in the "Personal Data" section is factually correct and honestly presented.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to:  
Office of Admissions  
Garrett-Evangelical Theological Seminary  
2121 Sheridan Road  
Evanston, IL 60201