

**ST. CLOUD STATE UNIVERSITY**  
Department of Child and Family Studies

**Personal Information Form**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Local Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ (Local Phone) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Credits completed at SCSU \_\_\_\_\_

GPA at SCSU \_\_\_\_\_

Transfer Students:

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, do you have an AA degree? \_\_\_\_\_

Institution \_\_\_\_\_

No. of credits completed at SCSU \_\_\_\_\_

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To be completed by office:

Advisor: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Date of PPST \_\_\_\_\_

PPST Scores:

Reading \_\_\_\_\_

Writing \_\_\_\_\_

Math \_\_\_\_\_

Passing scores: (effective 1/1/02)

173

172

169

Website for CFS Handbook: <http://condor.stcloudstate.edu/~coe/students/handbooks/cfs/index.html>