Delaware State University Student Information / Request Form

STUDENT INFORMATION / REQUEST FORM

I am a: * ❍ Prospective Student
❍ Guidance Counselor
❍ Parent

Complete the form with you student's information

My current level of interest is: * ❍ I have applied / I will apply
❍ DSU among my top 5 choices
❍ Not sure if I will apply
How Did You Hear About Us? * - Select -
How Did You Hear About Us? Other (please be specific in the field below)

First Name: *
Last Name: *
Middle Initial:
Date of Birth: Month Month
Day Day
Year Year

Gender: * ❍ Male
❍ Female
School Name:
Address: *
City *
State: * - Select -
Zip Code: *
School Area Code:
Home Area Code:
School Phone Number:
Home Phone Number:
Cell Area Code:
Cell Phone Number:
Email Address: *
School Name: *
Current GPA:
Parent Email Address:
Transfer or HS: * ❍ Transfer
❍ High School
Graduation Date (Month/Year):
SAT or ACT Composite Score:
Expected Term of Enrollment: * - Select -
Intended Major: * - Select -

Minor:

Check If You Want Information About Any of the Following:

Request Information: ❏ Admissions/Application
❏ Greek Life
❏ Student Leadership and Activities
❏ Honors Program
❏ Band
❏ Athletics
❏ Other Activities/Organizations
Name of Sport:
Other Activities/Organizations:
Classification of students you are requesting information for (check all that apply) * ❏ Transfer students
❏ High School Seniors
❏ High School Juniors
❏ High School Sophomores
❏ High School Freshmen
❏ Other

Submit

Source URL: http://desu.edu/form/delaware-state-university-student-information-request-form

Links
[1] tel:(302) 857-6351
[2] tel:(302) 857-6352
[3] tel:1-800-545-2544
[4] http://www.desu.edu