**CI Certificate Student Account Information Form**

**Last Name**: **First Name**:

***If you have not registered for a WU course before, complete the fields below so we can create a student account for you.***

**Middle Name**:

**Home Address**:

**Social Security Number**: **Gender**: ☐ Female ☐ Male

**Date of Birth**: **Place of Birth**:

**Country of Citizenship** (if other than U.S.)

**Visa Type** (if applicable):

Please indicate your race and ethnicity using the following categories. You may check one or more items as appropriate.

☐ **Hispanic or Latino:**  A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **American Indian:**  A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

☐ **Asian:**  A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American:**  A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander:**  A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ **White:**  A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

☐ **Not Reported:**  I choose not to disclose my race or ethnicity

**Employment Status**

I am currently a Washington University faculty or staff member

I  have/  have not been an employee for at least ONE year

My supervisor is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently a Washington University Fellow or Postdoctoral Research Scholar

I am NOT currently a Washington University Employee

**CI Certificate Tracks**:  Clinical Investigation  Translational Medicine  Genetics

**I will be paying for courses (check all that may apply)**

☐ Myself

☐ From a WU Grant or department funds (Fund# and Administrator name required)  
Ledger class \_\_\_\_\_\_\_\_\_\_ Department#\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Administrator’s Name:

☐ Other

**Student Loan Status -** Enrolling in courses could result in student loans that are currently in repayment entering a deferment status. Typically 4.5 credit hours or more in fall and spring, or 3 credit hours or more in summer will trigger deferment. Contact your lender with questions or to waive deferment.

**Certification of Receipt of University Policies Regarding Academic and non-Academic Transgressions**

By completing this form and registering for courses, I acknowledge that I have received, read, and agree to abide by the Washington University policies governing academic and non-academic transgressions found in this document <http://crtc.wustl.edu/resources/crtc-policies.html>.