

## EDUCATIONAL DATA

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Indicate your **HIGHEST** level of education:

- |                                                                                                |                                                                                                               |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 01 – No formal education or Some elementary school - did not complete | <input type="checkbox"/> 12 – Four year college                                                               |
| <input type="checkbox"/> 02 – Elementary school completed - no high school                     | <input type="checkbox"/> 13 – Bachelor's degree                                                               |
| <input type="checkbox"/> 03 – Some high school - did not graduate                              | <input type="checkbox"/> 14 – Post Bachelor's degree                                                          |
| <input type="checkbox"/> 04 – High school graduate or certificate equivalent                   | <input type="checkbox"/> 15 – First professional degree (e.g., DDS, DMD, LLB, JD, MD, BD, DVM, DSC, DP, DO)   |
| <input type="checkbox"/> 05 – Terminal occupational program – did not complete                 | <input type="checkbox"/> 16 – Post-first professional                                                         |
| <input type="checkbox"/> 06 – Terminal occupational program – cert of comp/diploma/equiv       | <input type="checkbox"/> 17 – Master's degree                                                                 |
| <input type="checkbox"/> 07 – Some college -less than one year                                 | <input type="checkbox"/> 18 – Post-Master's                                                                   |
| <input type="checkbox"/> 08 – One year college                                                 | <input type="checkbox"/> 19 – Sixth-year degree (e.g., PharmD)                                                |
| <input type="checkbox"/> 09 – Two year college                                                 | <input type="checkbox"/> 20 – Post sixth-year                                                                 |
| <input type="checkbox"/> 10 – Associate degree                                                 | <input type="checkbox"/> 21 – Doctorate degree (e.g., DOE, DJS, DPH, PhD. Does not include first prof degree) |
| <input type="checkbox"/> 11 – Three year college                                               | <input type="checkbox"/> 22 – Post-Doctorate                                                                  |

2. Indicate the type of school from which you earned your highest level of education:

- H – High School (other than vocational, technical, or trade school)
- V – Vocational, Technical, or Trade School (High School level)
- W – Vocational, Technical, or Trade School (Above High School level)
- B – Junior/Community College
- C – College or University

### **YOU MAY SKIP TO ITEM 9 UNLESS YOU HAVE FORMAL EDUCATION BEYOND HIGH SCHOOL**

4. Year in which you graduated: \_\_\_\_\_
5. Indicate your field of study (as it appears on your transcript): \_\_\_\_\_
6. Insert total hours earned appropriately:  
Semester hours: \_\_\_\_\_ Quarter hours: \_\_\_\_\_ Classroom hours: \_\_\_\_\_
7. Name of School from which you graduated: \_\_\_\_\_
8. City and state in which the school is located: \_\_\_\_\_
9. Information furnished is accurate and can be verified with an official transcript, if requested.

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