**ORIENTATION DATA SHEET**

**Name:** ______________________________________________________________

**NMU Identification Number (IN):** ______________________________________

<table>
<thead>
<tr>
<th>First Generation College Student Status</th>
<th>Previous Experience Abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td>This federally-required information is used to</td>
<td>If you have ever had experience studying abroad:</td>
</tr>
<tr>
<td>determine eligibility</td>
<td></td>
</tr>
<tr>
<td>for Student Support Services (please check one).</td>
<td></td>
</tr>
<tr>
<td>____ 1. Neither parent has a bachelor’s (4-year)</td>
<td></td>
</tr>
<tr>
<td>degree.</td>
<td></td>
</tr>
<tr>
<td>____ 2. One parent has a bachelor’s (4-year)</td>
<td></td>
</tr>
<tr>
<td>degree.</td>
<td></td>
</tr>
<tr>
<td>____ 3. Both parents have a bachelor’s (4-year)</td>
<td></td>
</tr>
<tr>
<td>degree.</td>
<td></td>
</tr>
</tbody>
</table>

____ Year

____ Country

____ Program
### Religious Preference

Several churches and organizations have requested the names of students who share their religion. If your religion is listed below and you select it, you may be contacted by that campus ministry or local church.

- ____ 1. Baha’i
- ____ 2. Baptist
- ____ 3. Campus Crusade for Christ
- ____ 4. Catholic
- ____ 5. Church of Christ
- ____ 6. Church of Jesus Christ of Latter-day Saints
- ____ 7. Episcopal
- ____ 8. Gospel Tabernacle
- ____ 9. Greek/Eastern Orthodox
- ____ 10. His House Christian Fellowship
- ____ 11. Intervarsity Christian Fellowship
- ____ 12. Jewish
- ____ 13. Lutheran (ELCA)
- ____ 14. Lutheran (Missouri)
- ____ 15. Lutheran (Wisconsin)
- ____ 16. United Methodist
- ____ 17. United Presbyterian
- ____ 18. Unitarian/Universalist

### Students with Dependent Children

____ I am a parent with dependent children.

### Requests from Students with Disabilities

If you are a student with a disability, please indicate below any special requests for assistance or information.

______ Send me information regarding services for students with disabilities.

______ I need special accommodations during orientation. (Please specify).