



**Bilingual Initiative Program
University of Puerto Rico
Río Piedras Campus
College of General Studies**

Profile Form

Admission Academic Year 2013-14

E-mail Address: _____

NO	Questions Required	Answers
1	Legal Name Example: Rodríguez Martínez, José L.	
2	Gender	Male ____ Female ____
3	Date of Birth (month/day/year) Example: January 1, 1991 (01/01/91)	____/____/____
4	State of Residence	
5	Permanent Home Phone Number (include the area code)	____-____-____
6	Cell Phone Number (include the area code)	____-____-____
7	Military Status Please mark if you or a family member is a veteran.	a. Veteran ____ b. Spouse ____ c. Children ____
8	School Name	
9	School Address	
10	Date of Secondary Graduation (month/year)	____/____
11	Address Mailing address	
12	City, State, Country	
13	Zip Code	
14	Hispanic Background	Yes ____ No ____
15	Major Interests and Hobbies	a. _____ b. _____
16	Academic Program, Choice 1 Write the names of the academic programs that interest you in 16, 17, and 18. Make sure your choices respond to your academic interests and strong likelihood of being admitted.	
17	Academic Program, Choice 2	
18	Academic Program, Choice 3	
19	Social Security Number	____-____-____
20	Have you ever been registered at a college or	

	university?	Yes ___ No ___					
21	Mother's Profession						
22	Father's Profession						
23	Academic Degree(s) of Your Parents	Mother: _____ Father: _____					
24	Family Members Write down the members according to their age. Include parents, siblings, or other people that live in your home. In addition, include yourself. (M=Male ; F=Female)	Ages					
		0-12		13-21		22 or more	
		M	F	M	F	M	F
27	Marital Status	a. Single ___ b. Married ___ c. Divorced ___					
28	Annual Income For financial aid information only.	\$ _____					
31	Date S.A.T. Test Part I (month/year)						
32	Date S.A.T. Test Part II (Optional)						
33	GPA average						

I certify the information on this profile is accurate and complete, and I understand that all required credentials must be submitted before an admission decision may be made. I authorize the University of Puerto Rico to maintain all my records under my signed name, and I understand these records and credentials in support of my application are the property of the UPR and may not be returned or reproduced.

Signature: _____

Date: _____