**WOODS HOLE OCEANOGRAPHIC INSTITUTION**

**ACADEMIC PROGRAMS OFFICE | CHECK-IN FORM**

**Internal Processing:**

[ ]  **IRF Date:** Click or tap to enter a date.

[ ]  **One Card Date**: Click or tap to enter a date.

**FIRST NAME (GIVEN):**Click or tap here to enter text. **LAST NAME (SURNAME)**:Click or tap here to enter text.

**CHOSEN (PREFERRED) NAME**:Click or tap here to enter text.**POSITION TITLE**: Joint Program Student

**WHOI ID**:Click or tap here to enter text.**PRONOUNS (OPTIONAL):**Click or tap here to enter text.

**SOCIAL SECURITY NUMBER**: Click or tap here to enter text. **DATE OF BIRTH**:Click or tap to enter a date.

**APPOINTMENT BEGIN DATE**:Click or tap to enter a date. **LEGAL SEX:** [ ]  MALE [ ]  FEMALE

**ARE YOU A CITIZEN OF THE UNITED STATES:** [ ]  YES [ ]  NO **IF NOT, WHICH COUNTRY**:Click or tap here to enter text. **WHAT TYPE OF VISA DO YOU HOLD**:Click or tap here to enter text.

**RACE/ETHNICTY:** Check as many as apply. For definitions, see other side.

[ ]  American Indian or Alaskan Native [ ]  Asian [ ]  Black or African American [ ]  Hispanic or Latinx

[ ]  Native Hawaiian or Other Pacific Islander [ ]  White [ ] Other (please specify)Click or tap here to enter text.

**VETERAN STATUS:** Check as many as apply. For definitions, see other side.

[ ]  I am NOT a Veteran [ ]  Disabled Veteran [ ]  Recently Separated Veteran [ ]  Armed Forces Service Medal Veteran [ ]  Active Wartime or Campaign Badge Veteran [ ]  I am a Veteran, but I choose not to self‐identify my classifications

**DISABILITY STATUS:**

[ ]  No, I don’t have a disability [ ]  Yes: Disabled [ ]  I do not wish to answer

**WHOI LOCATION:**

**WHOI Dept:** Choose an item. **Building:** Click or tap here to enter text. **Room:** Click or tap here to enter text.

**Mail Stop #:** Click or tap here to enter text. **Office Phone Ext.** Click or tap here to enter text.

**Supervisor(s):** Click or tap here to enter text.

**LOCAL ADDRESS:**

**Street Address:** Click or tap here to enter text. **Street Address (line** **2):** Choose an item. **Town/City**: Click or tap here to enter text. **State/Province**: Click or tap here to enter text. **Zip Code**: Click or tap here to enter text. **MIT Email Address**: Click or tap here to enter text. **Cell Phone**: Click or tap here to enter text.

May we publish your address and telephone number in the WHOI Directory? [ ]  YES [ ]  NO

**WHOI AFFILIATIONS:**

Have you ever had a previous affiliation with WHOI? [ ]  YES [ ]  NO

If yes for a WHOI affiliation, please check all that apply: [ ]  Employee [ ]  Guest Student [ ]  SAW Student [ ]  SSF

If other type of appointment, please indicate:Click or tap here to enter text.

**IN CASE OF EMERGENCY, NOTIFY:**

**Name:** Click or tap here to enter text. **Relationship:** Click or tap here to enter text.

**Street Address:** Click or tap here to enter text. **Town/City**: Click or tap here to enter text.

**State/Province**: Click or tap here to enter text. **Zip Code**:

**Emergency Contact Phone Number:**Click or tap here to enter text.

**Processed by**: Click or tap here to enter text.  **Date**: Click or tap to enter a date.

**RACE & ETHNIC IDENTIFICATIONS**

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| --- | --- |
| **Hispanic or Latino** | A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. |
| **White (not Hispanic or Latino)** | A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| **Black or African American (not Hispanic or Latino)** | A person having origins in any of the Black racial groups of Africa. |
| **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| **Asian (not Hispanic or Latino)** | A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| **American Indian or Alaska Native (not Hispanic or Latino)** | A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.  |

**VETERAN DEFINITIONS**

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| **Disabled Veteran** | A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service connected disability. |
| **Recently Separated Veteran** | Any veteran during the three year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service. |
| **Active Duty Wartime or Campaign Badge Veteran** | A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. |
| **Armed Forces Service Medal Veteran** | A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. |