

GENDER & WOMEN'S STUDIES

University of California at Berkeley



DECAL STUDENT INFORMATION

Semester: _____

Course No: _____

Name: _____
(Last, First, M.I.)

Student Status: _____ SID: _____

Address: _____

Phone: _____

Email: _____

Birth date: _____ Sex: Male Female Other

Ethnic group: _____

Immigration status: _____