



COLLEGE OF ARTS AND SCIENCES

BSIS Program Student Intake Information

Name _____

Cell Phone _____

Email _____ (One that you check on a regular basis)

Date of Birth _____

DSU ID# _____

Previous major _____

Classification (Fr, So, Ju, Sr) _____

Concentrations you are considering _____

How did you hear about the BSIS program (for example: through a friend, DSU web page, a faculty member, recruiting material, other)?

Why are you considering changing your major? _____
