

Biomedical Graduate Studies Program  
University of Pennsylvania

**2025 - 2026 PAYROLL INFORMATION SHEET**

**NAME:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Graduate Group: \_\_\_\_\_ PennID #: \_\_\_\_\_ PennKey: \_\_\_\_\_

Degree Program:  PhD  MD/PhD  VMD/PhD Social Security #: \_\_\_\_\_

External Fellowship Award (name): \_\_\_\_\_

**PHONE AND PERSONAL EMAIL:**

Mobile Phone: \_\_\_\_\_ Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

**LOCAL PENN RESIDENCE:**

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PERMANENT RESIDENCE:**

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**PERSONAL INFORMATION:**

Gender:  Female  Male Marital Status:  Single  Married

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Race: \_\_\_\_\_

Citizenship:  U.S. Citizen  Permanent Resident  Foreign National; anticipated arrival date: \_\_\_\_\_

Highest Degree Completed: \_\_\_\_\_ When Completed (MM/YYYY): \_\_\_\_\_

Currently employed at Penn?:  No  Yes; department: \_\_\_\_\_