

Application For Admission

Apply online at uafs.edu/about/apply-now

Social Security Number _____ or UAFS Student ID # (if known) _____

Legal Name _____
Last Name First Name Middle Name

Other name(s) under which your records may appear _____

Applicant E-mail Address _____

Parent E-mail Address _____

(Please provide a parent's email address if you are under the age of 19.)

MAILING ADDRESS FOR REPLY

Number and Street or P.O. Box Number City State ZIP County

Home Phone: _____ Cell Phone: _____
Area Code Telephone Number Area Code Telephone Number

Check to opt in for text messages

Student Permanent Home Address (Not a P.O. Box)

Number and Street City State ZIP County

How long has this been your permanent home address? _____

If less than six months, give previous address: _____
Number and Street City State ZIP County

Length of time at previous address: _____

To qualify as a resident for tuition purposes, a student must have established legal residence in Arkansas or a border state – Louisiana, Mississippi, Missouri, Oklahoma, Tennessee or Texas – and must have maintained that legal domicile for at least six (6) months immediately prior to his or her classification as a resident.

The following information is requested for reporting purposes only and will not be used to determine admission eligibility.

Gender: Male Female **Date of Birth (Month/Date/Year):** _____

Race/Ethnicity: 1. Do you consider yourself to be Hispanic/Latino? Yes No No Response

2. Select one or more races to indicate what you consider yourself to be:

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White No Response

Marital Status (check one): Single Married Single Parent Widowed

Are you a United States citizen? Yes No **Please note: If you are an international student, contact us for an international student application.**

Person to Contact in Case of Emergency

Name Area Code Telephone Number Relationship

High School/GED Information

Education level completed:

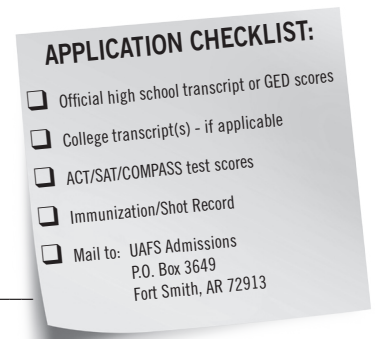
High School Graduate - Name of High School _____ City _____ State _____ Graduation Year _____

GED Diploma - Test Date _____ Home School Graduate - Graduation Year _____

Did not finish high school/do not have GED

Currently attending high school - School Name _____ City _____ State _____ Graduation Year _____

Please continue to other side



Students must list and provide official transcripts from ALL schools and colleges attended prior to entering UAFS, including current enrollment, if applicable. Failure to list any colleges previously attended or currently attending may result in expulsion from the university. All transcripts, test scores, immunization records or other materials submitted for admission purposes become the permanent property of UAFS and will not be returned. **Transfer students must have a 2.0 cumulative GPA and be in good standing at the last institution attended to be eligible for admission.**

HAVE YOU TAKEN COLLEGE COURSES WHILE IN HIGH SCHOOL?

Yes No **If yes, please list the name(s) and provide official transcript:**

Name of Institution	City	State	Dates of Attendance (Mo/Yr to Mo/Yr)	Degrees Earned (if any)
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OTHER COLLEGES OR UNIVERSITIES ATTENDED

Include current or anticipated enrollments prior to enrollment at UAFS.

Name of Institution	City	State	Dates of Attendance (Mo/Yr to Mo/Yr)	Degrees Earned (if any)
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Name of Institution	City	State	Dates of Attendance (Mo/Yr to Mo/Yr)	Degrees Earned (if any)
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Which term do you plan to enter UAFS? Fall 20 _____ Spring 20 _____ Summer I 20 _____ Summer II 20 _____

Have you ever attended UAFS or Westark College? Yes No **If yes, list approximate dates of attendance** _____

What is your intended major? _____

Do either of your parents have a bachelor's degree? Yes No

Will you be receiving veterans educational benefits? Yes No

Have you ever been charged with or convicted of a felony, or are there any felony criminal charges now pending against you? Yes No

Convictions include a finding of guilty by a judge or jury, a plea of guilty or a plea of nolo contendere, irrespective of the pendency or availability of any appeal or application for collateral relief.

SELECTIVE SERVICE STATEMENT (REQUIRED OF ALL APPLICANTS)

I understand that, to be eligible for admission to UAFS, I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx 451 et seq, as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. I therefore swear or affirm under penalty of perjury that:

- I am registered with the Selective Service System
- I am not required to register with the Selective Service System because (check one):
 - I am female
 - I am a current member of the armed forces on active duty
 - I am under 18 years of age
 - I am 26 years of age or over
 - I am an exempt resident alien
 - Other (please specify) _____

IMMUNIZATION REQUIREMENT

Proof of immunization may be shown by providing a serological test confirming immunity or documentation of having received two doses of measles, two doses of rubella, and two doses of mumps vaccine. See the UAFS Catalog for exemptions.

NOTICE OF NONDISCRIMINATION

UAFS provides equal employment, admission, and educational opportunities without regard to race, color, gender, religion, age, or learning or physical disability. UAFS does not discriminate on the basis of disability in admission, access to, treatment, or employment in its programs and activities.

LEGAL SIGNATURE OF APPLICANT

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. I give permission for the university to track my academic progress through educational institutions that I attend and to check my immunization records. If accepted as a student at UAFS, I agree to abide by the rules and regulations of the university regarding conduct and other obligations. I hereby give permission to UAFS to use my name and any photograph or video footage in which I may appear for marketing purposes. I understand that, should I wish not to have my name and/or image used to represent the university, I shall submit a request in writing to the Office of Marketing and Communications. I give permission for UAFS to release my academic record to my previous community college for the purpose of reversing credits toward degree completion of an associate degree. This will take place if my community college has a Reverse Transfer Program Agreement with UAFS and meets the qualifications.

Applicant's Signature

Date