

UNIVERSITY OF ARKANSAS AT PINE BLUFF

Application for International Undergraduate Admission

U.S. citizens and permanent residents should not use this application Form

Please check all that apply:

Enrollment Year 20

[] Fall Semester (Aug.-Dec.)
[] Spring Semester (Jan.-May)
[] Summer I (May-Jun.)
[] Summer II (Jul.-Aug.)

I will enter the University as a:

[] First-Time Freshman
[] Freshman (Advanced)
[] Sophomore
[] Junior
[] Senior

My enrollment status at the University will be:

[] First enrollment at any college or university

- [] Transfer from another college or university
- [] Returning, former UAPB student
- [] Previously applied but did not attend. Year _____
- [] Transient (seeking a degree at another institution)
- [] Special Student (non-degree seeking)

Please type or print clearly and complete all sections. Incomplete applications cannot be processed.

United States Social Security Number (SS (Your SSN will be used to verify your iden the SSN.)			dentification number	which replaces use of	
U.S. Visa Type (if known):					
Residence Status:					
[] Non-resident Alien (International)					
[] Resident Alien (Immigrant)	[] Other (please specify	()			
Name: Last (family or surname):	First:				
Middle (or other name):					
Address):					
(Home Country) Street	City	State/Province	Zip or	Country	
Postal Code					
E-mail:		Telephone:			
		(Area Code) Home Number			
Local Address:					
Local Address:	City		State	Zip Code	
	•			P	
Telephone:					
(Area Code) Local Number					
Date of Birth: Place	of Birth:				
		(Month/Day/Year)	City		
State/Province	Country				
Gender: [] Male [] Female	Marital Status: [] Sin	gle [] Married			
Do you plan to reside in campus housing	? [] Yes [] No				
Major Field of Study at UAPB:					
First Choice Second Choice					
I plan to come to the university: [] Alon International students who plan to bring			o tho following:		
	Date of Birth	· · · · · · · · ·			
Name	Month/Day/Year	City and Co	untry of Birth	Relationship	

Parent, Guardian, Spouse or Person to Contact in Case of Emergency and Relationship:				
Name:		Telephone Number	:	
Last (family name)	First			
Address:				
Street	City	State/Province	ZIP or Postal Code	Country
Have either of your parents attende	d college? [] Yes	[] No		

Ethnic Origin, Please Check All that Apply:

(Information requested regarding race or ethnicity is voluntary and will be used in a non-discriminatory manner consistent with applicable civil rights laws. Failure to provide the requested information will not affect the applicant's admission status).

Are you a veteran? [] Yes	[] No	Do you receive veteran's benefits? [] Yes	[] No	
[] Multiracial	[] Other (Ple	[] Other (Please specify)		
[] Native Hawaiian	[] Hispanic o	r Latino		
[] Asian/Pacific Islander	[] Alaskan Na	ative/American Indian		

Students with Disabilities:

The office of Disabilities Support Services provides assistance for students with disabilities. Call (870) 575-8089 for more information.

Educational Background

High School Attended:

Name	City	State/Zip Code	Country	Date of Graduation
List in chronical ord	der, all post-secondary education	you have completed and/or schools in which	you are currently e	nrolled.
COLLEGES & UNIVERSITIES ATTENDED		DATES OF ATTENDANCE	DATES OF ATTENDANCE DEGREE EARNE	

In order to be admitted unconditionally, applicants must present the official transcripts of secondary and post-secondary school/institution in their original language and corresponding English translations. Photocopies without certification will not be accepted. Academic regulations require that students who have registered at other colleges or universities may not disregard their records at such institutions when making application for admission to the University of Arkansas at Pine Bluff. Students who conceal attendance at another college or university and fail to submit a transcript from that college/university will be SUBJECT TO SUSPENSION.

I certify that the statements made in this application are accurate and complete to the best of my knowledge. If admitted, I agree to comply with the rules and regulations of the university. I understand that falsification of credentials or failure to provide full documentation may result in the cancellation of my admission and/or dismissal from the university.

Signature of Applicant:	Date:		
Mail completed form to:	Office of Admissions, Univer	rsity of Arkansas at Pine Bluff	
Mail Slot 4982	2, Pine Bluff, AR 7160	•1-800-264-6585	•Fax 870-575-4607

The University of Arkansas at Pine Bluff offers equal educational opportunities to all persons in accordance with the Civil Rights Act of 1964, as amended.