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 (SSN), if you have one ____________________________________________
(Your SSN will be used to verify your identity. Upon admission, students are assigned a UAPB identification number which replaces use of the SSN.)

U.S. Visa Type (if known): __________________________________________________________

Residence Status:
[ ] Non-resident Alien (International)        Country of Citizenship ________________________________
[ ] 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:
(In the U.S.) Street City State Zip Code

Telephone: ________________________________
(Area Code) Local Number

Date of Birth: __________ Place of Birth: ___________________________________________
(Month/Day/Year) City

State/Province Country

Gender: [ ] Male [ ] Female Marital Status: [ ] Single [ ] Married

Do you plan to reside in campus housing? [ ] Yes [ ] No

Major Field of Study at UAPB:

<table>
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<tr>
<th>First Choice</th>
<th>Second Choice</th>
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</table>

I plan to come to the university: [ ] Alone [ ] With Spouse [ ] With Children

International students who plan to bring a spouse and/or children to the U.S. must complete the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth Month/Day/Year</th>
<th>City and Country of Birth</th>
<th>Relationship</th>
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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 attended 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).

[  ] Black  [  ] White
[  ] Asian/Pacific Islander  [  ] Alaskan Native/American Indian
[  ] Native Hawaiian  [  ] Hispanic or Latino
[  ] Multiracial  [  ] Other (Please specify) ________________________________

Are you a veteran?  [  ] Yes  [  ] No  Do you receive veteran’s benefits?  [  ] Yes  [  ] No

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:

<table>
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<tr>
<th>Name</th>
<th>City</th>
<th>State/Zip Code</th>
<th>Country</th>
<th>Date of Graduation</th>
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</table>

List in chronological order, all post-secondary education you have completed and/or schools in which you are currently enrolled.

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<tr>
<th>COLLEGES &amp; UNIVERSITIES ATTENDED</th>
<th>DATES OF ATTENDANCE</th>
<th>DEGREE EARNED</th>
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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, University of Arkansas at Pine Bluff
Mail Slot 4982, 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.