

APPLICATION FOR ADMISSION TO GRADUATE STUDIES



Complete and return admission application to:

Office of Admissions
University of Arkansas at Pine Bluff
1200 North University Drive, Mail Slot 4983
Pine Bluff, Arkansas 71601
870-575-8732 870-575-4608 (fax)

Complete and return this application and a non-refundable \$37 application fee made payable to UAPB to the above address

Proof of immunization is required of all students born after December 31, 1956.

PLEASE PRINT OR TYPE:

Social Security Number: _____

Name: _____
Last First Middle Any prior names used

Permanent Address: _____
Street City State Zip Code

County Telephone: Area Code Phone Number

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City State County

Email Address: _____

PARENT, SPOUSE, GUARDIAN OR PERSON TO CONTACT IN CASE

Name: _____ Telephone Number: _____
Last First Area Code Phone Number

Address: _____
Street City State Zip Code County

PLEASE CHECK APPROPRIATE RESPONSE:

_____ First Time UAPB Graduate Student _____ Returning UAPB Graduate Student _____ Transfer Graduate Student

Degree Seeking _____ yes _____ no

MAJOR DEGREE INTEREST:

- | School of Education | School of Agriculture, Fisheries, & Human Science | School of Arts and Sciences |
|--|---|----------------------------------|
| _____ Master of Education - Early Childhood Education | _____ M. S. in Agriculture Regulations | _____ M. S. in Addiction Studies |
| _____ Master of Education - Secondary (English) | _____ M. S. in Aquaculture Fisheries | |
| _____ Master of Education - Secondary (Mathematics) | | |
| _____ Master of Education - Secondary (Physical Education) | | |
| _____ Master of Education - Secondary (General Science) | | |
| _____ Master of Education - Secondary (Social Science) | | |
| _____ Master of Arts in Teaching - Middle Level | | |
| _____ Master of Arts in Teaching - Secondary | | |

PLEASE INDICATE THE SEMESTER AND YEAR YOU PLAN TO ENTER:

_____ Fall _____ Spring _____ Summer I _____ Summer II _____ Year

PLEASE CHECK ALL THAT APPLY:

Sex: _____ Female _____ Male

Residential Status:

- _____ U.S. Citizen
- _____ Resident Alien
- _____ Non-Resident Alien
- _____ Other (Please Specify _____)

***Ethnic Origin**

- _____ Black/Non-Hispanic
- _____ White/Non-Hispanic
- _____ Alaskan Native/American Indian
- _____ Asian/Pacific Islander
- _____ Hispanic

Continued on back

PLEASE CHECK ALL THAT APPLY:

Are you a veteran? _____ No _____ Yes

Do you receive veteran benefits? _____ No _____ Yes, Please Specify _____

COLLEGES & UNIVERSITIES ATTENDED

DATES OF ATTENDANCE

DEGREE EARNED

STUDENTS WITH DISABILITIES: The Office of Disability Support Services will provide assistance for students with disabilities. Please call (870) 575-8293 for more information.

I understand that withholding or falsifying any information may result in my not being accepted or in my being dismissed from the University of Arkansas at Pine Bluff.

Signature _____

Date _____

The University of Arkansas at Pine Bluff is an equal opportunity/affirmative action university