



Application for Undergraduate Admission

Non-Refundable Application Fee \$25.00
(Official transcripts must be submitted with application)

Office of Enrollment Services
Nigh University Center
Room 124, Box 151
Tel: (405) 974-2338
FAX: (405) 974-3841

100 North University Drive
Edmond, Oklahoma 73034-5209

BIOGRAPHICAL INFORMATION

Please Print or Type

1	Social Security Number	2	Name: Last (Family or Surname) First Middle Former Name				UCO Identification #
							*

3 **Student's Mailing Address**

Address				City		State		Zip Code	
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4	Student's Primary Telephone Number	Student's Work Telephone Number	County of Permanent Residence

5 **E-mail Address**

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6 **Emergency Contact**

Name of Person to Contact	Relationship to Student	Emergency Number, Phone, Fax or E-Mail

7 **Emergency Contact Address**

Address				City		State		Zip Code	
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8 **General Information**

Gender	Date of Birth	Place of Birth	Native Language	Country of Citizenship	Are you a "Permanent Resident" of the US?
M ___ F ___					No ___ Date of Yes ___ (A# _____) Adjudication

9 **The following information is voluntary and requested for reporting purposes only in accordance with the 1968 Civil Rights Act as amended.**

<input type="checkbox"/> NR Non-resident Alien	<input type="checkbox"/> B Black or African American	<input type="checkbox"/> H Hispanic or Latino	<input type="checkbox"/> A Asian
<input type="checkbox"/> N American Indian or Alaskan Native	(please indicate: <input type="checkbox"/> maternal <input type="checkbox"/> paternal - Tribe _____)		<input type="checkbox"/> W White
<input type="checkbox"/> P Pacific Islander or Native Hawaiian	<input type="checkbox"/> X Unknown	<input type="checkbox"/> XD Decline to State	

GOAL INFORMATION

PLAN OF STUDY

10	Semester You Plan to Enter UCO		REASON FOR ATTENDING UCO DEGREE SEEKING	NON-DEGREE SEEKING
	Semester	Year		
	<input type="checkbox"/> Fall	_____	01 <input type="checkbox"/> UCO Bachelors (B)	09 <input type="checkbox"/> Personal Interest (P)
	<input type="checkbox"/> Spring	_____	02 <input type="checkbox"/> 2 nd Bachelors Degree (N)	10 <input type="checkbox"/> Transfer to Another College (A)
	<input type="checkbox"/> Summer	_____	03 <input type="checkbox"/> UCO Certificate (Non-Degree) (C)	11 <input type="checkbox"/> Certification following Master's (S)
			04 <input type="checkbox"/> Teacher Certification (T) (Post Baccalaureate)	12 <input type="checkbox"/> Undecided or Non-Degree
				CE <input type="checkbox"/> Continuing Education (E)
	MAJOR:			

11 **Residence Status**

Check One	Date Moved to Oklahoma	From Which State?	Why Did You Move to Oklahoma?
<input type="checkbox"/> Non-Resident <input type="checkbox"/> Resident of Oklahoma	_____	_____	_____
How long? _____ yrs. _____ mos.	If Military: Active _____	Retired _____	

8/01

Please complete BOTH Sides of Form

**Academic Background
High School Information**

INSTITUTIONAL DATA

Name of High School	City	State	Graduation Date Month/Year /	If Not a H.S. Graduate Have you Taken the GED? ___ No ___ Yes (mo ___ yr ___)
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Admission Test Results

Date Taken _____
Mo. Yr.

Which Test Have you Taken? ___ ACT ___ SAT ___ Neither ___ TOEFL, Score _____

Previous College/University Information (Must list all colleges where previously attendd or enrolled.
Official transcripts must be submitted prior to enrollment.)

Name of College/University	City and State	From Month/Year	To Month/Year	Degree Earned
Name of College/University	City and State	From Month/Year	To Month/Year	Degree Earned
Name of College/University	City and State	From Month/Year	To Month/Year	Degree Earned
Name of College/University	City and State	From Month/Year	To Month/Year	Degree Earned
Name of College/University	City and State	From Month/Year	To Month/Year	Degree Earned

Probation/Suspension

Have you ever been placed on probation, dismissed or suspended from any college or university?
___ No ___ Yes If yes, attach a written statement of explanation.

ADMISSION STATEMENT

I authorize any educational institution to release to the University of Central Oklahoma enrollment offices any information pertaining to my academic and personal records. I agree to submit all required credentials; failure to do so will result in my being denied admission or readmission and will restrict release of my UCO transcript until missing credentials are provided.

Failure to list all colleges previously attended, or falsification of this application or any of my academic records will result in my suspension for academic misconduct and lead to my withdrawal from the University of Central Oklahoma with complete forfeitures of fees.

I further agree as a University of Central Oklahoma student to obey all University rules and regulations made by properly constituted authorities and realize dishonesty is unacceptable behavior, will not be tolerated and may result in penalties up to and including expulsion from the University

SIGNATURE REQUIRED

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY			
Admit Type	Admitting Officer		Date