

**Please submit \$15.00 application fee
(Check or Money Order)**



ADMISSIONS APPLICATION

Instructions: Please **Type** or **Print** all information in the spaces below.

Social Security Number (Required for Admission)		Name (Last Name, First Name, Middle Initial)			Other names under which you may have academic records											
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>																
Permanent Mailing Address Street/Box/Apt				City	State	Zip Code	County									
Permanent Mailing Address Street/Box/Apt				City	State	Zip Code	County									
Hometown City/State		Phone Number		Citizenship		Date of Birth										
				<input type="checkbox"/> United States <input type="checkbox"/> Other (Specify) _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female										
How many consecutive months in Arkansas?		Residence		Disabled Students (optional): Would you like some information on services for disabled students?												
		<input type="checkbox"/> Resident of Arkansas <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of disability? _____												
Check one of the following (required for federal reporting by Civil Rights Act of 1964):				List highest educational level completed by:												
<input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (Specify) _____				Mother: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Some College <input type="checkbox"/> College Degree Father: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Some College <input type="checkbox"/> College Degree												
College Educational Objective (Please check one):				If legal dependent of parents, is either parent a graduate of ASU?												
<input type="checkbox"/> 1. Take pre-professional courses for transfer to a professional school <input type="checkbox"/> 2. Take courses to transfer to another college <input type="checkbox"/> 3. Earn a degree at ASU <input type="checkbox"/> 4. Take career/job related courses but not earn a degree <input type="checkbox"/> 5. Take special interest courses <input type="checkbox"/> 6. Degree plans are undecided				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter full name under which degree was awarded. Name _____ Soc. Sec. No. _____												
Check one of the following:				Enrollment classification: Check one (see opposite page for explanation).												
<input type="checkbox"/> First time to enter any college <input type="checkbox"/> Transferring from other college <input type="checkbox"/> Returning to ASU				<input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Post Degree <input type="checkbox"/> High School/University <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior <input type="checkbox"/> Non-Degree <input type="checkbox"/> Transient												
				<input type="checkbox"/> GRADUATE												
				Degree Sought _____												
If enrolled previously at ASU Jonesboro:				When do you plan to enroll?												
Under what name _____				Fall 20 ____ Spring 20 ____ 1st Summer 20 ____ 2nd Summer 20 ____												
Date of enrollment _____				Intended Major at Arkansas State University												
Other site: Have you previously attended another ASU site? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Site Name _____																
High School Attended		City		State		Mo/Year of Graduation										
If completed G.E.D. instead of H.S. graduation, awarded by what state? _____ Mo/Year Completed _____																
List all colleges, universities, or other post-secondary institutions attended. If none, write "None" in the space below.																
Name of School		City	State	Dates of Attendance (Mo/Year to Mo/Year)		Sem. Hrs. Attempted	List Degrees Earned (If Any)									

AFFIRMATION - I affirm that all information supplied is complete and accurate and that I have not been dropped for disciplinary reasons from the last institution attended. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission or suspension from the university, if discovered later. Arkansas State University admits all qualified students and does not discriminate. Information regarding race and sex is used only for affirmative action purposes.

Signature: _____ Date: _____

INSTRUCTIONS

Please read all instructions and PRINT all information. Complete all sections and the appropriate signature block on the back of the Admissions Application. Refer to the current Undergraduate or Graduate Bulletin for additional admission criteria.

Students will NOT be registered for classes until ALL of following steps have been completed:

1. **Submit immunization records.** If your date of birth is January 1, 1957 or later, you are required to present written documentation of proof of measles and rubella immunization. This immunization must have been received after the first birthday and after January 1, 1968.
2. **Submit high school transcripts and assessment scores.** Undergraduates, if you have fewer than thirteen (13) transferable college hours from another university you must submit your high school transcript and ACT, SAT, or ASSET scores. If you have fewer than twenty-four (24) transferable college hours you must submit ACT score or some other proof of compliance with state remediation laws.
3. **Submit official transcripts from any college and/or university.** Have separate official transcript from each college and or university sent to Arkansas State University.
 - a. **Undergraduate students** have transcripts sent to Arkansas State University, Office of Admissions, P. O. Box 1630, State University, AR 72467.
 - b. **Graduate students** have transcripts sent to Arkansas State University, Graduate School, P. O. Box 60, State University, AR 72467.

TEAR OFF THIS SHEET AND RETAIN IT FOR YOUR FILES.

SEND NEXT PAGE TO

ASU Center for Regional Programs • P.O. Box 2260 • State University, AR 72467

OR DELIVER IT TO YOUR NEAREST DEGREE CENTER.

Equal Opportunity / Affirmative Action

ASU admits all qualified students and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or other unlawful factors. Information regarding race and sex is used only for affirmative action reporting purposes. Social security numbers are used as identification numbers for convenience and for consistency with other records. Additional information is available from the Department of Human Resources, P.O.Box 2100, State University, AR 72467. Telephone (870) 972-3454

Services for the Disabled

Dr. Jenifer Rice-Mason has been designated as ASU's Coordinator of Services to the Disabled. As such, she is the university's compliance coordinator for Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. In this capacity, Dr. Rice-Mason arranges for academic adjustments and auxiliary aids to be provided to qualified students and coordinates workplace accommodations. She is also the individual to whom concerns about physical access to facilities should be addressed. Dr. Rice-Mason's office is located in the Chickasaw Building. Telephone: (870) 972-3964.