



Application for Admission

Legal Name

Last Name

First Name

Middle Initial

Former Last Names (if any)

Date of Birth

LSAC Account Number

Place of Birth

Social Security Number

Present Address

Street Address Line 1

Street Address Line 2

City

State

Zip Code

County (if in Arkansas or Texas)

At the present address less than 6 months?

If yes, please provide former address:

Permanent Address

Street Address Line 1

Street Address Line 2

City

State

Zip Code

County (if in Arkansas or Texas)

After what date should we use your permanent address? _____

Parent / Guardian Address (Please omit if same as permanent address)

Street Address Line 1

Street Address Line 2

City

State

Zip Code

ADMISSION REQUESTED FOR:

- Fall* _____
- Spring _____
- Summer _____ Year

Have you ever applied to UA, Fayetteville before? If enrolled please select prior status:

- Yes ; If Yes, when? _____
- No

Did you enroll?

- Yes ; If Yes, when? _____
- No

- Graduate
- Undergraduate
- Other _____

* Beginning students may only enter in the Fall Semester

Gender

- Male
- Female

Racial-Ethnic Category

Please indicate if you are:
Hispanic or Latino

- Yes
- No

Please select one or more of the following, as applicable.

- American Indian or Alaskan native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Citizenship

- U.S. Citizen
- Resident Alien (immigrant)
(must submit copy of Resident Alien card with application)

Country of Citizenship _____

- Non-Resident Alien Visa Type _____

Country of Citizenship _____

Former Address

Are you a bona fide Arkansas resident?

- Yes
- No

Contact Information

Primary Area Code & Telephone

Secondary Area Code & Telephone

Primary E-Mail Address

Secondary E-Mail Address

Alternate Area Code & Telephone

Parent/Guardian Area Code & Telephone

