



# Undergraduate Admission Application for International Students



A non-refundable \$50.00 one-time application fee must accompany all first-time applications. Please make check or money order payable to The University of Akron

- First Application for Undergraduate Admissions
- Re-Application for Undergraduate Admissions

Return to:  
 Office of International Programs  
 The Polsky Building, Room 483  
 The University of Akron  
 Akron, OH 44325-3101 USA  
Online application is available at:  
<http://www.uakron.edu/admissions/onLineIntlAppl.php>

For Office Use Only

P.S. ID: \_\_\_\_\_

Please type or print all information: All the fields marked with an asterisk (\*) must be provided.

### PERSONAL INFORMATION

U.S. Social Security number (if applicable)		* Last (family) name		* First	Middle
* Permanent address in home country		Number and Street	City	State	Postal Code Country
* Mailing address		Number and Street	City	State	Postal Code Country
* Previously used name	* Country of citizenship	* Date of birth: MM/DD/YYYY		* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
* E-Mail address (if available)	* Country of birth	* City of birth		* Native language	
* Phone number	List phone number in Student Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of employer	Occupation	Employer's phone number	
Nearest relative (Check one) <input type="checkbox"/> Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse			* Applicants in the U.S., please indicate your present visa status <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> B-1/2 <input type="checkbox"/> F-2 <input type="checkbox"/> J-2 <input type="checkbox"/> Other _____		
Nearest relative's Last (family) name		First	Middle	Nearest relative's phone number	
Nearest relative's address		Number and Street	City	State	Postal Code Country

### ACADEMIC INFORMATION

* I plan to enter (check one) <u>Fall Semester</u> <u>Spring Semester</u> <input type="checkbox"/> August 200__ <input type="checkbox"/> January 200__ <input type="checkbox"/> Session I May 200__ <input type="checkbox"/> Session II: June 200__ <input type="checkbox"/> Session III: July 200__			<u>I will attend classes during the</u> <input type="checkbox"/> Day <input type="checkbox"/> Evening		
* Intended major area of study (see undergraduate programs in reverse side)			If available, most recent TOEFL Score or IELTS Score		
Check your highest academic intention at The University of Akron <input type="checkbox"/> To obtain knowledge for personal interest <input type="checkbox"/> To upgrade skills for current job by taking only select courses <input type="checkbox"/> To train for a new career by taking only selected courses <input type="checkbox"/> To transfer to another university before completing a degree or certificate <input type="checkbox"/> To obtain a certificate <input type="checkbox"/> To obtain an associate degree and then transfer to another university <input type="checkbox"/> To obtain an associate degree for the job market <input type="checkbox"/> To obtain a bachelor's degree <input type="checkbox"/> To attend UA as a Transient/Guest			* Check the box that best describes your academic background <input type="checkbox"/> I am currently attending a secondary school <input type="checkbox"/> I have finished secondary school and have never studied at a college or university <input type="checkbox"/> I am currently attending a college/university <input type="checkbox"/> I have attended a college/university but did not earn a degree <input type="checkbox"/> I have attended a college/university and earned at least a baccalaureate degree  I plan to attend the English Language Institute. <input type="checkbox"/> Yes <input type="checkbox"/> No		

* Indicate below all schools (secondary, technical, college, university) You have attended or are now attending									
School/College/University	Location	From		To		Degree/Certificate		Name of Degree/Certificate	
		Mo	Yr	Mo	Yr	Either completed or anticipated			
1.						<input type="checkbox"/> No	Mo	Yr	
						<input type="checkbox"/> Yes			
2.						<input type="checkbox"/> No	Mo	Yr	
						<input type="checkbox"/> Yes			
3.						<input type="checkbox"/> No	Mo	Yr	
						<input type="checkbox"/> Yes			

### \* STATEMENT OF TRUTH

I certify that the information I have provided on this application form and all other application materials are complete, accurate, and true to the best of my knowledge. I understand that furnishing false or incomplete information on any part of this admission application may result in cancellation of admission or suspension from the University.

\* Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

For office Use Only: Application Fee Method of Payment

Check/Money Order: # \_\_\_\_\_ Credit Card: Authorization # \_\_\_\_\_ Other: \_\_\_\_\_