



The University of Akron Stark State College



Direct Connect Participation Form

Please return to: Stark State Admissions Office, 360 Perkins Street, Akron, OH 44304 or 6200 Frank Ave. NW, North Canton, OH 44720

I. PERSONAL INFORMATION

Name (as it appears on official documents)

Last First Middle Former Last Name

Stark State ID # _____ Gender Male Female Date of Birth _____
Month/Day/Year

Are you a U.S. citizen? Yes No

Residency: Are you an Ohio resident? Yes No If yes, in which Ohio County do you reside? _____

How many consecutive years/months have you been a resident of Ohio? _____

II. CONTACT INFORMATION

Home Address

Street Apt. # City County (Ohio) State Zip
Mailing Address (if different from above)

Street Apt. # City County (Ohio) State Zip

Home Telephone Number Cell Telephone Number Work Telephone Number

Email address _____

Are either of your parents or legal guardians a graduate of The University of Akron? Yes No

III. ENROLLMENT PLANS

Anticipated semester you plan to enroll at The University of Akron (Check one and fill in a year) Fall Spring Summer Year 20 _____

Intended Major/Program at The University of Akron: *(Refer to the list of undergraduate majors at uakron.edu/academics)*

Undecided, still exploring my options

Intended Program at Stark State College: Associate of _____

I plan to live on campus Yes No Undecided _____

Are you a United States Veteran? Yes No

IV. EDUCATION HISTORY

High School _____ City _____ State _____ Graduation Date _____

List all Colleges/Universities attended. Please include Stark State if currently attending or planning to attend:	City/State	Mo / Yr		Mo / Yr		# Hours	Degrees Awarded

I certify to the best of my knowledge the information is true. I understand that any misrepresentation of facts on this form could be cause for refusal of admission, cancellation of admission or suspension/dismissal from the University if discovered subsequently.

As a participant in the Dual Admissions program, I authorize The University of Akron and Stark State College to share any necessary information and documentation about my education records with each other. I understand that I have the ability to revoke this authorization at any time.

X Signature _____

Date _____

Note: A Dual Admissions program student must also submit an Intent to Enroll Form one semester prior to enrollment to UA. This form can be found on both the UA and the Stark State College websites.

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Questions:

Transfer and Adult Student Enrollment Center
The University of Akron
Phone: 330-972-7009
Email: transfer@uakron.edu

Admissions Office
Stark State College
Phone: 330-494-6170 Ext. 4228
Email: admissions@starkstate.edu

FOR OFFICE USE ONLY

Status at Stark State: Continuing Student New First Time Student Continuing Current HS Student

Enrollment Term _____ Registration Status _____ Credit Hours Earned _____