

The University of Akron

Graduate School
 Leigh Hall, Room 515
 Akron, OH 44325-2101
 Phone: 330.972.7663 Fax:
 330.972.6475

GRADUATE SCHOOL MATRICULATION FORM

This form is to be used by students who are requesting to have his/her admission reactivated to continue enrollment in graduate courses at The University of Akron. Do not use this form if you have not been formally admitted to the Graduate School or have been dismissed. In these cases, application (or reapplication) to the Graduate School at www.uakron.edu/gradsch is necessary.

*Please type or print legibly **all** requested information and return to the Graduate School for processing. Approval of this form is purely at the discretion of the Graduate School.*

Residency Information:

Are you a permanent resident of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Date Ohio Residency Established (mm/dd/yyyy):	Visa Type (if applicable):
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*Note: If you have lived in Ohio since birth, please enter your date of birth for 'Date Ohio Residency Established.'

Personal Information:

Email Address:				Student Identification #:			
Name (last, first, middle initial):				Social Security # (optional):			
Permanent Address:				Maiden or Former Name(s):			
City:	State:	Zip:	County/Province:	Country:	Telephone #:		
Mailing Address (if different from permanent):			Employer:	State:	Zip:	Telephone #:	
Date of Birth (mm/dd/yyyy):							

Emergency Contact Information:

Name of Emergency Contact:				Relation:			
Address of Emergency Contact:			City:	State:	Zip:	Telephone #:	

University Information:

When do you plan to return to The University of Akron?			When did you last attend The University of Akron?			Did you only attend a workshop?	
<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Spring Semester	<input type="checkbox"/> Summer Semester	Year:	<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Spring Semester	<input type="checkbox"/> Summer Semester	Year:
							<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information herein is complete and accurate to the best of my knowledge. I hereby grant permission to The University of Akron to seek and to exchange any information with the academic institutions that I have attended. I further authorize any such academic institution to release any records or confidential information concerning me to The University of Akron. I agree to abide by the rules set forth in the *Graduate Bulletin*.

I understand that The University of Akron maintains a system of records which has been in existence and operating since 1968 and which utilized the Social Security Number until the fall of 2001 for the purposes of verifying the identity of students. As required by law, The University of Akron does not discriminate on the basis of gender in its educational programs, activities, or employment.

Signature: _____ Date: _____