

# Application For Graduate Admission

Apply online at [uafs.edu/about/apply-now](http://uafs.edu/about/apply-now)

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

Other name(s) under which your records may appear \_\_\_\_\_

E-mail Address \_\_\_\_\_

## MAILING ADDRESS FOR REPLY

Number and Street or P.O. Box # City State ZIP County

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Area Code Number Area Code Number Area Code Number

Check to opt in for text messages

## Student Permanent Home Address (Not a P.O. Box)

Number and Street or P.O. Box # City State ZIP County

How long has this been your permanent home address? \_\_\_\_\_

If less than six months, give previous address: \_\_\_\_\_  
Number and Street City State ZIP County

Length of time at previous address: \_\_\_\_\_

*To qualify as a resident for tuition purposes, a student must have established legal residence in Arkansas and have maintained that legal domicile for at least six (6) months immediately prior to his or her classification as a resident.*

**The following information is requested for reporting purposes only and will not be used to determine admission eligibility.**

**Gender:**  Male  Female

**Race/Ethnicity:** 1. Do you consider yourself to be Hispanic/Latino?  Yes  No

2. Select one or more races to indicate what you consider yourself to be:

American Indian or Alaskan Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  White  No Response

**Marital Status (check one):**  Single  Married  Single Parent  Widowed

Are you a United States citizen?  Yes  No

## Person to Contact in case of Emergency

Name Telephone Number Relationship

**Please continue to other side** 

Students must list and provide official transcripts from ALL schools and/or colleges attended, including current enrollment, if applicable. Failure to list any colleges previously attended or currently attending may result in expulsion from the University. All transcripts, test scores, immunization records or other materials submitted for admission purposes become the permanent property of UAFS and will not be returned. **Graduate transfer students must have a 3.0 cumulative GPA and be in good standing at the last institution attended to be eligible for admission. A non-refundable application fee of \$100 is also required for application processing.**

### LIST COLLEGES, UNIVERSITIES, OR OTHER SCHOOLS ATTENDED

Include current or anticipated enrollments prior to enrollment at UAFS.

Name of Institution	City	State	Dates of Attendance (MM/YY to MM/YY)	Degrees Earned (if any)
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Which term do you plan to enter UAFS?  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_

What is your intended major? \_\_\_\_\_

Will you be receiving veterans educational benefits?  Yes  No

Have you ever been charged with or convicted of a felony, or are there any felony criminal charges now pending against you?  Yes  No

*Convictions include a finding of guilty by a judge or jury, a plea of guilty or a plea of nolo contendere, irrespective of the pendency or availability of any appeal or application for collateral relief.*

### SELECTIVE SERVICE STATEMENT (REQUIRED OF ALL APPLICANTS)

I understand that, to be eligible for admission to UAFS, I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx 451 et seq, as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. I therefore swear or affirm under penalty of perjury that:

I am registered with the Selective Service System

I am not required to register with the Selective Service System because (check one):

I am female

I am a current member of the armed forces on active duty

I am under 18 years of age

I am 26 years of age or over

I am an exempt resident alien

Other (please specify) \_\_\_\_\_

### IMMUNIZATION REQUIREMENT

Proof of immunization may be shown by providing a serological test confirming immunity or documentation of having received two doses of measles, two doses of rubella, and two doses of mumps vaccine. See the [UAFS Catalog](#) for exemptions.

### NOTICE OF NONDISCRIMINATION

UAFS provides equal employment, admission, and educational opportunities without regard to race, color, gender, religion, age, or learning or physical disability. UAFS does not discriminate on the basis of disability in admission, access to, treatment, or employment in its programs and activities.

### LEGAL SIGNATURE OF APPLICANT

*I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. I give permission for the University to track my academic progress through educational institutions that I attend and to check my immunization records. If accepted as a student at UAFS, I agree to abide by the rules and regulations of the University regarding conduct and other obligations. I hereby give permission to UAFS to use my name and any photograph or video footage in which I may appear for marketing purposes. I understand that, should I wish to not have my name and/or image used to represent the University, I shall submit a request in writing to the Office of University Marketing and Communications.*

Applicant's Signature

Date

To ensure that your application is processed in a timely manner, submit all application materials to:

Office of Admissions / Graduate Studies  
 University of Arkansas Fort Smith  
 5210 Grand Avenue  
 P.O. Box 3649  
 Fort Smith, AR 72913-3649