



University of the District of Columbia Application for Undergraduate Admissions

This application is valid only for the term that you select below. Documents submitted for admissions and proof of residency become the property of the University of the District of Columbia and will not be returned. Type or print this application in ink and include the nonrefundable application fee (do not mail cash).

ENROLLMENT DATA

Term and Year of Intended Admission: Fall

Spring

Summer

Year _____

Admission Category: Entering Freshman
(Complete Section A Only)

Transfer
(Complete Sections A & B)

Non-Degree (Special)
(Complete Sections A & C)

Readmission
(Complete Sections A & B)

SECTION A: PERSONAL DATA

NAME (Give full legal name)

_____ Last Name _____ First Name _____ Middle Initial _____

Former Name(s) used on transcripts

1) _____ 2) _____ 3) _____

Social Security Number

- -

(Used only for student identification in school records.)

Date of Birth

____/____/____

(mm/dd/yyyy)

Marital Status (optional)

Married Single

Gender

Male Female

ETHNIC IDENTITY (Check all that apply):

African American

Hispanic or Latino

Native American or Alaskan Native

Asian

Pacific Islander

White

Black

Other, please specify _____

PERMANENT ADDRESS (Persons applying for a student VISA, please indicate your overseas address.)

_____ Address _____ City _____ State _____ Zip _____

_____ Phone (Day/Evening) _____ Email _____

DC RESIDENT

Yes No

(See residency requirements in Viewbook.)

MAILING ADDRESS (If different from permanent address)

_____ Address _____ City _____ State _____ Zip _____

ARE YOU A U.S. CITIZEN?

Yes No

(Applicants who are not U.S. Citizens must show proof of status e.g., Permanent resident card or passport, when they apply.)

If No, Country of Citizenship _____ Country of Birth _____ VISA Type _____

F-1 VISA holders must submit a complete application package by the appropriate deadline with the exception of the World Education Services (WES) evaluation, and TOEFL results which will come directly from WES and TOEFL Testing Center.

IN CASE OF AN EMERGENCY, CONTACT:

_____ Last Name _____ First Name _____ Phone _____ Relationship _____

INTERNATIONAL STUDENTS (International applicants should provide information for a U.S. contact person.)

_____ Last Name _____ First Name _____ Middle Initial _____ Relationship _____

_____ Address _____ City _____ State/Country _____ Zip _____

EDUCATION (High School from which you graduated or will graduate, or state where GED was obtained.)

Name _____ Date or expected date of graduation or GED _____

Address _____ City/State/Zip _____

GED Graduates are required to have their Official Transcript sent directly to the Admissions Office by the testing agency. High School Students must request their high school to send an Official Transcript (once final grades and the date of graduation have been posted) to the Admissions Office. (Applicant's transcript or GED results should be sent to the University of the District of Columbia, Office of Recruitment and Admissions, 4200 Connecticut Avenue, NW, Building 39, Room A-12, Washington, DC 20008.)

Have you ever attended the University of the District of Columbia or its predecessor schools (DCTC, FCC or WTI)? Yes No Date _____

Please indicate your Intended Major _____ (See Academic Degree Programs in Viewbook.)

Note: You must declare an intended major if you are: 1) applying for Financial Aid or Veteran's Benefits, or 2) an F-1 VISA holder.

Enrollment Objective (Check one only): Associate Degree Baccalaureate Degree Certificate Not Seeking a Degree

SECTION B: READMISSION AND TRANSFER STUDENTS ONLY

List the full name of all colleges and universities attended. (No abbreviations, please). Include College Level Examination Program (CLEP) and College Entrance Examination Board (CEEB) scores. Official Transcripts from all previous college work (except the University of the District of Columbia) must be submitted. Students under current suspension and those who cannot furnish official transcripts because of indebtedness are not eligible to enroll at the University of the District of Columbia. Transfer students must have Official Transcripts from each college or university previously attended sent to the Admissions Office. An Official Transcript is defined as one mailed directly from one institution to another. It must bear the institution's seal, signature of the Registrar and the date of issuance. For high school and college coursework completed outside the U.S., transcripts must be evaluated by World Education Services (WES).

All transcripts must be official and forwarded directly from the Registrar of prior colleges and/or universities to the University of the District of Columbia, Office of Recruitment and Admissions, 4200 Connecticut Avenue, NW, Building 39, Room A-12, Washington, DC 20008. Only grades of "C" or better from accredited institutions may be eligible for transfer.

List name and location (city and state) of all colleges attended. <u>Including</u> the University of the District of Columbia, list most recent first. Attach separate sheet, if necessary. (No abbreviations, please).	Dates attended (mm/yy) to (mm/yy)	Degrees, Certificates received (if any)	Currently on suspension	
			YES	NO

SECTION C: NONDEGREE (SPECIAL STUDENT) Limited to one semester's enrollment only.

Nondegree (Special Student) must have a letter of good standing (if currently enrolled) or an Official Transcript sent from the Registrar's Office of the institution attended.

Are you currently enrolled in an undergraduate college or university? Yes No

Indicate your last term of enrollment: _____ (Semester/Year)

List name and location (city and state) of all colleges attended. <u>Including</u> the University of the District of Columbia, list most recent first. Attach separate sheet, if necessary. (No abbreviations, please).	Dates attended (mm/yy) to (mm/yy)	Degrees, Certificates received (if any)

How did you first learn about the University of the District of Columbia? _____

Proof of Immunization
 DC-Immunization Law 3-20 requires all students under the age of 26 to submit proof of immunization. For complete information concerning this requirement, please contact the University Health Services Office at (202) 274-5030.

CERTIFICATION: As indicated by my signature, I certify that all information given is complete and accurate, and I agree to abide by all the rules and regulations of the University. I realize that falsification of any information on this form or intentional omission of information may lead to refusal of admission or dismissal from the University.

Signature of Applicant _____ Date _____

*Application Fees: \$35 for New, Transfer and Special Students; \$50 for International Students; \$35 for Re-admit (Returning) Students
 If not received by the application deadline date, a late fee will be assessed.

The University of the District of Columbia provides equal opportunity to all persons regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, physical disability, political affiliation, source of income or place of residence, in accordance with the provisions of the DC Human Rights Act of 1977 (DC Law 2-38).