

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 and include the nonrefundable application fee (do not mail cash).

ENROLLMENT DATA

Term and Year of Intended Admission:	☐ Fall	☐ Spring	☐ Summer Yea	ar
Admission Category: Entering Freshman	☐ Transfer	☐ Non-Degree (Special)	☐ Readmission	
(Complete Section A Only)	(Complete Sections A & B)	(Complete Sections A & C)	(Complete Sections A & B)	

SECTION A: PERSONAL DATA								
NAME (Give full legal name)								
Last Name Former Name(s) used on transcripts	Fi	irst Name	Middle Initial					
1) 2)		3)						
Social Security Number	Date of Birth	Marital Status (optional)	Gender					
(Used only for student identification in school records.)	/ / (mm/dd/yyyy)	☐ Married ☐ Single	☐ 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 o	verseas address.)	DC RESIDENT					
	0"		——— ☐ Yes ☐ No					
Address	City	State Zi	(See residency requirements in					
Phone (Day/Evening)		Email						
MAILING ADDRESS (If different from permanent address))							
Address	City	State	Zip					
IN CASE OF AN EMERGENCY, CONTACT:								
Last Name	First Name	Phone (Day/Evening)	Relationship					
ARE YOU A U.S. CITIZEN?	Place of Birth (City and Sta	+0/						
	Place of Birth (City and Sta	ile)						
☐ No Country of Citizenship	Country of Birth VISA Type Native Language							
Are you now in the U.S.? ☐ Yes ☐ No			• •					
Applicants who are not U.S. Citizens must show proof of status F-1 VISA holders must submit a complete application package by the			es (WES) evaluation, and TOEFL results					
which will come directly from WES and Educational Testing Service (
INTERNATIONAL STUDENTS (F1) should provide information	tion for a U.S. contact perso	n.						
Last Name	First Nam	First Name Phone (I						
Address	City	 State/Cour	ntry Zip					
			шу др					
EDUCATION (High School from which you graduated or w		•	055					
Name		,						
Address	3	•						
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		sor schools (DCTC, FCC or W1	ri)? ☐ 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								
Enrollment Objective (Check one only): Associate I	⊃egree ⊔ Baccalaureate	e Degree □ Certificate □	Not Seeking a Degree					

SECTION B: READMISSION AND TRANSFER STUDENTS ONL	Y				
List the full name of all colleges and universities attended (no abbrevia College Entrance Examination Board (CEEB) scores. Official Transcrip District of Columbia) must be submitted. Students under current because of indebtedness are not eligible to enroll at the University Transcripts from each college or university previously attended sent to directly from one institution to another. It must bear the institution's seal and college coursework completed outside the U.S., transcripts must be All transcripts must be official and forwarded directly from the Registran	pts from all previous co t suspension and those ity of the District of Col- the Admissions Office. An , signature of the Registra e evaluated by World Edu of prior colleges and/or u	Ilege work who canno umbia. Tran Official Tran r and the da cation Servio niversities to	(except the University of	rersity of I transcr ist have O is one ma in high sch	f the ipts fficial niled
of Columbia, Office of Recruitment and Admissions, 4200 Connecticut. Only grades of "C" or better from accredited institutions may be		Room A-12,	Washington, DC	20008.	
List name and location (city and state) of all colleges attended. Including the University of the District of Columbia, list most recent first. Attach separate sheet, if necessary.	Dates attended (mm/yy) to (mm/yy)	Degrees, Certificates received (if any)		Currently on suspension	
(No abbreviations, please).				YES	NO
SECTION C: NONDEGREE (SPECIAL STUDENT) Limited to on	vo samastaris anvallma	ont only			
SECTION 6. NONDEGREE (SPECIAL STODENT) Ellinted to on	ie semester s emonine	onit Only.			
Nondegree (Special Student) must have a letter of good standing (if Registrar's Office of the institution attended.	currently enrolled) or an C	Official Transo	cript sent from the		
Are you currently enrolled in an undergraduate college or university	rsity? Yes	No			
Indicate your last term of enrollment:	(Semester/	Year)			
List name and location (city and state) of all colleges attended. Including 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)		
ow 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 immuniversity Health Services Office at (202) 274-5030.	munization. For complete informa	ation concerninç	g this requirement, plea	ase contact	the
CERTIFICATION: As indicated by my signature, I certify that all information and regulations of the University. I realize that falsification of any information of the University.					

refusal of admission or dismissal from the University.

Signature of Applicant ___ Date _____

*Application Fees: \$75 for New, Transfer and Special Students; \$100 for International Students; \$20 for Re-admit (Returning) Students If not received by the application deadline date, a late fee will be accessed.

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).