



UNIVERSITY OF THE DISTRICT OF COLUMBIA



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 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 overseas address.) DC RESIDENT
Address City State Zip
Phone (Day/Evening) Email
[] Yes [] No
(See residency requirements in Viewbook.)

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? [] Yes Place of Birth (City and State)
[] 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 e.g., Permanent Resident Card or Passport, when they apply.
F-1 VISA holders must submit a complete application package by the application deadline with the exception of the World Education Services (WES) evaluation, and TOEFL results which will come directly from WES and Educational Testing Service (ETS).

INTERNATIONAL STUDENTS (F1) should provide information for a U.S. contact person.
Last Name First Name Phone (Day/Evening)
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. 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)	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. 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)

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:** \$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).