

Application for Undergraduate Admission



The University of Louisville is an equal opportunity institution and does not discriminate against persons on the basis of race, religion, sex, age, disability, color or national origin. Completion of related items is optional, however it will aid in the prompt processing of your application and will be used for federal, state and Affirmative Action reporting purposes.

1. Name Ms. _____ Mr. _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last or Family First (Given) Middle </small> Other names under which records may be listed _____ Alumnus in family Yes No Relationship _____			FOR OFFICE USE ONLY Student ID _____ Application # _____																	
2. Social Security Number _____ / _____ / _____	3. Date of Birth ____ / ____ / ____ <small>Month Day Year</small>	4. Sex Male Female	5. Ethnic Background A) (check one) Hispanic or Latino? Yes No B) Please check one or more: White Black or African-American Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander																	
6. Citizenship Country of Birth: _____ City of Birth: _____ Country of citizenship: _____ Country of legal permanent residency: _____ If not a U.S. citizen, what is or will be your immigrant status or visa type? (Please refer to the code sheet for appropriate codes.) _____			7. E-mail Address _____																	
8. Home Address (International students are required to provide their foreign home address.) _____ <small>Number Street</small> _____ <small>City State Zip</small> _____ <small>County Country</small> () _____ () _____ <small>Area Home phone Area Cell phone</small>		9. Mailing Address Same as Home Address _____ <small>Number Street</small> _____ <small>City State Zip</small> _____ <small>County Country</small> () _____ () _____ <small>Area Home phone Area Cell phone</small>																		
10. Emergency Contact Same as: Mailing Home Name _____ Relationship _____ () _____ () _____ <small>Area Home phone Area Cell phone</small> Number _____ Street _____ City _____ State _____ Zip _____ County _____ Country _____		11. Residency (month/year - month/year) How long have you resided in the state of Kentucky? _____ (Students with immigrant status must submit a copy (both sides) of their immigration card for review of possible resident classification.) If you lived elsewhere, where and when? _____ Indiana residents of Clark, Crawford, Floyd, Harrison, Scott, Washington Counties: How long have you resided at your present permanent address? _____ Do you live outside the state of KY, but have a parent who is a KY resident? Yes No																		
12. Term Year: _____ Fall Spring Summer	13. College and Major [] [] <small>College Code Major Code</small>	14. Concentration [] <small>Concentration Code If applicable.</small>	15. Degree [] [] [] <small>Bachelor Degree Code Associate Degree Code Certificate</small>		16. Education Plans Do you plan to enroll Full time or Part time															
17. Applicant Type Regular Student (eligible to pursue a degree) Non-degree Second-degree Senior Post Baccalaureate (undergraduate, not pursuing a degree) College Visitor High School Visitor (concurrent enrollment in both H.S. and UofL)																				
18. Secondary High School _____ If not a high school graduate are you a GED recipient City _____ State _____ GED Date _____ State _____ Date of graduation _____ Cumulative GPA _____ ACT _____ SAT (CR+M) _____ Students currently enrolled in high school should provide a transcript accompanied by a high school verification form found at louisville.edu/admissions/apply/hstran.pdf . Please remember to report all test scores to UofL. The best composite scores will be used for admissions and scholarship decisions. All subject subscores can be used for course placement.																				
19. Post Secondary List ALL colleges attended (beginning with most recent, including UofL) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>City and State</th> <th>Attendance (mo/yr)</th> <th>Degree?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>___/___ to ___/___</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>___/___ to ___/___</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>___/___ to ___/___</td> <td>_____</td> </tr> </tbody> </table>			Name	City and State	Attendance (mo/yr)	Degree?	_____	_____	___/___ to ___/___	_____	_____	_____	___/___ to ___/___	_____	_____	_____	___/___ to ___/___	_____	Are you currently enrolled in college? Yes No Total semester hours earned _____ Cumulative GPA (4.0 scale) _____ Academic Status at the last college attended: Good Standing Probation Suspension Dismissal Do you have a bachelor's degree? Yes No Have you ever enrolled at UofL? Yes No	
Name	City and State	Attendance (mo/yr)	Degree?																	
_____	_____	___/___ to ___/___	_____																	
_____	_____	___/___ to ___/___	_____																	
_____	_____	___/___ to ___/___	_____																	
20. Applicant Plans Are you currently a Metropolitan College student at JCTC or hope to participate in the program? Yes No Are you or have you ever been a member of the military in either active or reserve status? Yes No Will you require any learning or physical disability accommodations? Yes No Do you intend to complete a degree program entirely via online classes? (marking "yes" will not prohibit you from taking courses on campus) Yes No Maybe Do you plan to live on campus? Yes No Maybe Are you a first generation college student? (neither parents nor grandparents attended college) Yes No		21. Signature This statement MUST be signed by applicant. I understand that making false statements and providing incomplete information may result in the cancellation of my admission and/or registration and earned UofL credits. I certify that the information provided in this application is true and correct. Signature _____ Date _____																		
22. For Office Use Only: PRG: _____ PLAN: _____ TERM: _____ GRP: _____ ACTR: _____ RSTR: _____ ACAD/LEV: _____ R NR R__ Contingencies: FT/HS FT/_____ Other: _____ Adm. Cond. Ckfst: _____ PCC Enclosure: _____ Date: _____ By: _____		PRG: _____ PLAN: _____ TERM: _____ GRP: _____ ACTR: _____ RSTR: _____ ACAD/LEV: _____ R NR R__ Contingencies: FT/HS FT/_____ Other: _____ Adm. Cond. Ckfst: _____ PCC Enclosure: _____ Date: _____ By: _____		Notes: _____ _____ _____ _____ _____ GPA: _____ ACT/SAT: _____ Residency Exception Codes: _____ PCCM PCCD PCCE PCC+ PCCN DEF: E _____ M _____ SS _____ NS _____ FL _____ Rigorous Courses																