

# THE UNIVERSITY OF TOLEDO **DISTANCE-LEARNING** **UNDERGRADUATE APPLICATION** FOR ADMISSION (FOR STUDENTS ENROLLING IN ONLY DISTANCE-LEARNING CLASSES)

**2007-08**

Please answer all questions on both sides of this application and return to the address listed on the back. Please type or print clearly **using black ink** and in all capital letters. Use one character per box and completely fill the bubbles.

## Section 1: Personal History

1. Application for Semester Beginning  Fall  Spring  Summer Year:

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Suffix (i.e. Jr., III) \_\_\_\_\_ Preferred First Name \_\_\_\_\_  
 Other Last Names Used \_\_\_\_\_

3. SSN

4. Permanent Address Number Street Name Apartment Number  
 City State Zip Code County  
 Telephone Number (include area code) \_\_\_\_\_ Cell Phone Number (include area code) *optional* \_\_\_\_\_

5. Date of Birth              
 month day year

6. Gender:  Female  Male

7. E-mail Address \_\_\_\_\_

8. Family E-mail Address \_\_\_\_\_

9. Are you a U.S. citizen?  Yes  No Non-U.S. citizens, please indicate: \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_  
 For Non-U.S. citizens, are you a permanent resident (green card holder)?  Yes  No  
 Permanent Resident (green card) Number \_\_\_\_\_ Please mail a copy (front and back) of your green card.

10. Ethnic background (Response is voluntary and will be treated as confidential. No adverse action will result if applicant does not respond.)  
 African American  American Indian/Alaskan Native  Asian American/Pacific Islander  
 Caucasian/White  Hispanic/Latino American  Other: \_\_\_\_\_

11. Preferred contact in the event of an emergency:  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address Number Street Name Apartment Number  
 City State Zip Code Telephone Number (include area code) \_\_\_\_\_

## Section 2: Residency History *(This section must be completed in order to process your application.)*

12. Most recent dates you have lived in Ohio (choose one)  Birth to Present  From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Never  
 Month Year Month Year

13. If you have lived in Ohio less than 12 months, your previous state of residency was: \_\_\_\_\_

14. Most recent dates you lived in Monroe County, Mich.? (choose one)  Birth to Present  From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Never  
 Month Year Month Year

15. Are you employed?  Yes  No If yes:  Full time  Part time  
 Employer's Name \_\_\_\_\_ Telephone Number (include area code) \_\_\_\_\_  
 Number \_\_\_\_\_ Street Name \_\_\_\_\_ Suite Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Section 3: Additional Information

16. Are you a veteran?  Yes  No *(If yes, please send military transcripts.)*

17. Is your mother, father or legal guardian a graduate of UT?  Yes  No

**This application also serves as an application for most admission scholarships.**

### Section 4: Intended Major (Please check only one)

#### 18. Certificate Programs:

- Accounting Technology
- Business Management Technology
- Computer Software Specialist
- Diversity Management
- Financial Accounting
- Information Services and Support
- Marketing and Sales Technology
- Nursing Education
- Programming and Software Development
- Psychiatric-Mental Health Clinical Nurse Specialist/Graduate Certificate

#### Associate Degree Programs:

- Accounting
- Business Management Technology
- Computer Software Specialist
- FastTrack* Business Management Technology
- Information Services and Support
- Marketing and Sales Technology
- Programming and Software Development
- Technical Studies

#### Bachelor Degree Programs:

- Health Information Management
- Liberal Studies

#### Master Degree Programs:

- Engineering
- Liberal Studies
- Nurse Educator
- Psychiatric Mental Health Clinical Nurse Specialist

**Undecided**

#### 2+2 Programs:

- Computer Science and Engineering Technology
- Information Technology

### Section 5: Educational History

19. \_\_\_\_\_  
 High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Anticipated or Actual High School Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ GED Holder (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

20. Please list senior high school course schedule. (*For students in the high school graduating class of 2007 only.*)  
 First Semester: \_\_\_\_\_ Second Semester: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Were you enrolled in college courses while in high school (post-secondary) that allowed you to earn college credit?  Yes  No (If yes, official transcripts are required.)

22. List all colleges/universities attended, including UT and post-secondary work. List your most recent college first. **You must request official academic transcripts from all institutions you have attended.** Failure to do so is considered academic dishonesty. If you need additional space, please attach an additional sheet of paper.

<p>1. _____        College/University Name _____        City _____ State _____        Dates of Attendance ____/____/____ to ____/____/____  <small>Month Year Month Year</small>        Degree Earned _____</p>	<p>2. _____        College/University Name _____        City _____ State _____        Dates of Attendance ____/____/____ to ____/____/____  <small>Month Year Month Year</small>        Degree Earned _____</p>
<p>3. _____        College/University Name _____        City _____ State _____        Dates of Attendance ____/____/____ to ____/____/____  <small>Month Year Month Year</small>        Degree Earned _____</p>	<p>4. _____        College/University Name _____        City _____ State _____        Dates of Attendance ____/____/____ to ____/____/____  <small>Month Year Month Year</small>        Degree Earned _____</p>

23. Please indicate the number of total college credit hours attempted \_\_\_\_\_  
Semester Hours Quarter Hours

24. Have you been suspended or dismissed from a college or university for academic reasons?  Yes  No  
 25. Have you been suspended or dismissed from a college or university for disciplinary reasons?  Yes  No  
*(If yes to question 24 or 25, additional documentation is required and will be forwarded to you.)*

### Statement of Academic Integrity (Signature required)

I certify that the information contained in this application is complete, accurate and true. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, refusal to apply reported transfer work toward degree requirements, revocation of financial aid, or dismissal from the University if discovered after I enroll. I understand this application is for students enrolling in only Distance-Learning courses.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**No application fee required.**



Mail Stop 338  
 Office of Undergraduate Admission  
 The University of Toledo  
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 Toledo, OH 43606-3390  
 419.530.8700 or 800.5TOLEDO  
 Fax: 419.530.5745  
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