

## APPLICATION FOR UNDERGRADUATE ADMISSION

Use this application as a worksheet, then apply online at [asu.edu/apply](http://asu.edu/apply) for faster processing.

I have attended ASU before.  Yes  No

I am applying to a bachelor's degree program.

I am NOT applying to a bachelor's degree program, but I want to enroll in undergraduate courses (1-8 credit hours per semester). Note: This is called non-degree status.

Non-degree students are not eligible for financial aid.

**Legal Name** \_\_\_\_\_

FIRST, MIDDLE, LAST

**Former Name(s)** INDICATE ANY OTHER FIRST OR LAST NAMES UNDER WHICH TRANSCRIPTS MIGHT BE ISSUED

\_\_\_\_\_  
FIRST, MIDDLE, LAST

**Personal Information**

Date of Birth \_\_\_\_\_  Female  Male  
MONTH, DAY, YEAR

Neither of my parents (or guardians) has graduated from a four-year university.

**Veteran Status**

Are you a veteran of the U.S. military?  Yes  No

**Ethnic/Racial Background** (requested for federal reporting)

Are you Hispanic/Latino?  Yes  No

Are you (check one or more):  American Indian or Alaska Native  Asian  Black or African-American  Native Hawaiian or other Pacific Islander  White

**ASU Identification Number**

I do not have an ASU ID number. I have not attended, applied to or been employed at ASU, and I have not participated in an ASU-sponsored program.

I have an ASU ID number. I have attended, applied to or been employed at ASU, or I have participated in an ASU-sponsored program.

My ASU ID number \_\_\_\_\_  I do not remember my ASU ID number.

**Contact Information**

Email Address \_\_\_\_\_ ASU communicates via email.

**Home Address and Primary Phone**

Address \_\_\_\_\_  
NUMBER, STREET, APT. CITY, STATE, ZIP

For non-U.S. Addresses Only \_\_\_\_\_  
PROVINCE, POSTAL CODE COUNTRY

Telephone Number \_\_\_\_\_  
INCLUDE AREA CODE

**Parent Information** ASU likes to communicate with the family as you transition to the university. If you would like to include your family in our email communication, please fill out the section below.

Father's name \_\_\_\_\_ Father's email address \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's email address \_\_\_\_\_

**Financial Aid**

Do you plan to apply for financial aid?  Yes  No

**Term and Major**

**Term (semester)**

I am applying for  Fall (August)  Spring (January) Year \_\_\_\_\_

**Major**

Some majors have higher admission criteria than the general admission requirements. If you see that your first choice of major has higher admission requirements, as listed for the degree at [asu.edu/degrees](http://asu.edu/degrees), select an alternate major as a second choice. The second major must be outside the college of your first choice of major. Your application will be evaluated based on the requirements for the major(s) you choose in your order of preference.

First Choice

Second Choice

Major \_\_\_\_\_

IF YOU ARE CHOOSING A MUSIC DEGREE, PLEASE INDICATE INSTRUMENT

Major \_\_\_\_\_

IF YOU ARE CHOOSING A MUSIC DEGREE, PLEASE INDICATE INSTRUMENT

Degree \_\_\_\_\_

Degree \_\_\_\_\_

College \_\_\_\_\_

College \_\_\_\_\_

**Professional Program Services (optional)**

If you are interested in receiving advising and related services to prepare you for professional/graduate study in health-related fields or law, select one or both areas of interest below. Note that these are not majors.  Pre-health (e.g., medicine, optometry, dental)  Pre-law

**High School (Secondary School)**

Indicate high school name, address and date of graduation.

High School \_\_\_\_\_

HIGH SCHOOL GRADUATION DATE (MO/YR)

NAME OF HIGH SCHOOL FROM WHICH GRADUATED/WILL GRADUATE

ADDRESS: NUMBER, STREET

CITY, STATE, ZIP

**Current Courses:** If you are currently enrolled in high school, list all courses you will complete during your senior year.

Complete Course Title	Type of Credits <small>YEAR, SEMESTER, TRIMESTER, QUARTER</small>	Complete Course Title	Type of Credits <small>YEAR, SEMESTER, TRIMESTER, QUARTER</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Colleges or Universities**

List all colleges and universities (other than ASU) you have ever attended. If you are a high school student who has earned college credits for college courses you attended at your high school or in a college setting, you must list the college(s) on the application.

I have not attended another college or university.

Name of Institution <small>SPECIFY CAMPUS (NO ABBREVIATIONS)</small>	City, State, Country	Dates Attended		Semester Hours		Degree(s)
		<small>FROM (MO/YR)</small>	<small>TO (MO/YR)</small>	<small>COMPLETED</small>	<small>IN PROGRESS</small>	<small>AWARDED</small>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Residency**

Note: For questions regarding residency classification, see [students.asu.edu/residency](http://students.asu.edu/residency) or call 480-965-7712. Under Arizona law, students seeking in-state tuition status or who receive state monies as part of their aid package are required to have lawful presence in the United States.

**Citizenship**

Country of Birth  U.S.  Other (specify country) \_\_\_\_\_

Country of Citizenship  U.S.  Other (specify country) \_\_\_\_\_

**Type of Visa**

Non-U.S. citizens must complete this section.

Permanent Resident  Student (F-1)  Exchange Visitor (J-1)  Refugee (RE)  Other Visa Type \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

Your Social Security number (SSN) is used to match your current and future records with any past records, ensuring that you will receive full credit for all academic work. Your SSN is also required for reporting education tax credit information to the federal government.

**Military**

Are you or your spouse currently in the U.S. military, or are you a military dependent?  Yes  No

Is the military person on active duty?  Yes  No

If no, is the military person in the Arizona National Guard or assigned to a Reserve unit in Arizona?  Yes  No

Has the military person been stationed in Arizona for 12 months or longer?  Yes  No

**American Indian**

Are you a member of an American Indian Tribe whose reservation lies wholly, or in part, in Arizona?  Yes  No

Are you currently a resident of that reservation?  Yes  No

If yes, list the name of the Arizona Indian community that you are a resident of: \_\_\_\_\_

**Residency**

Do you consider yourself a resident of Arizona?  Yes  No When did your current stay in Arizona begin? \_\_\_\_\_  
MONTH YEAR

**Driver License / State ID**

Do you have a driver license or state identification card?  Yes  No

What is the state and issue date of your license or ID? \_\_\_\_\_  
STATE MONTH YEAR

**Vehicle**

Do you drive a vehicle in Arizona?  Yes  No

In which state is the vehicle registered? \_\_\_\_\_

What is the current registration date of your vehicle? \_\_\_\_\_  
MONTH YEAR

**Sources of Support for 2011**

List all financial sources of support for 2011. If you were claimed as a dependent on anyone's federal tax return other than your own, you must list that individual(s) as providing a minimum of 51 percent of your financial support.

SOURCE OF SUPPORT	PERCENT OF SUPPORT
Employment	_____
Parent(s)	_____
In which state did parent(s) file taxes in 2011? _____	
Spouse	_____
In which state did spouse file taxes in 2011? _____	
Financial Aid	_____
Other	_____
Please describe _____	
_____	
_____	

**Total support must equal 100 percent.** 100%

**Sources of Support for 2010**  My sources of support for 2010 is the same as 2011.

List all financial sources of support for 2010. If you were claimed as a dependent on anyone's federal tax return other than your own, you must list that individual(s) as providing a minimum of 51 percent of your financial support.

SOURCE OF SUPPORT	PERCENT OF SUPPORT
Employment	_____
Parent(s)	_____
In which state did parent(s) file taxes in 2010? _____	
Spouse	_____
In which state did spouse file taxes in 2010? _____	
Financial Aid	_____
Other	_____
Please describe _____	
_____	
_____	

**Total support must equal 100 percent.** 100%

