

Application for International student admission.

Application Deadline: Three months prior to beginning of classes.
Return to Admissions, 1600 S. College St., Mountain Home, Arkansas 72653

Instructions: Please Type or Print all information in the spaces below.

FAMILY NAME	GIVEN NAME	MIDDLE NAME
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Permanent Mailing Address (Street/Box/Apt)	City	Postal Code	Country
U.S. Mailing Address (if applicable)	City	State	Zip Code

Home Phone Number	Country of Birth	Country of Residence
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Citizenship: <input type="checkbox"/> Specify Country _____ <input type="checkbox"/> United States	Date of Birth _____ Month / Day / Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrollment classification: Check one <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	Check one of the following (required for federal reporting by Civil Rights Act of 1964): <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other (Specify) _____
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Check one of the following: <input type="checkbox"/> First time to enter any college <input type="checkbox"/> Transferring from another college <input type="checkbox"/> Returning to ASUMH	When do you plan to enroll? <input type="checkbox"/> Fall <input type="checkbox"/> Summer 1 <input type="checkbox"/> Spring <input type="checkbox"/> Summer 2	Intended Major at ASUMH
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High School Attended	City	State	Mo/Year of Graduation
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List all colleges, universities, or other post-secondary institutions attended. If none, write "None" in the space below.

Name of School	City	State	Dates of Attendance (Mo/Year to Mo/Year)	Sem. Hrs Attempted	List Degrees Earned (if Any)

Persons to Notify in Case of Emergency

Names	Relationship
Phone Number	Street/Box/Apt
City	State
	Zip Code

I affirm that all information supplied is complete and accurate. Any misrepresentation of facts could be cause for refusal of admission, cancellation of admission, or suspension from the university.

Signature _____ **Date** _____

RELEASE OF INFORMATION