

**UNIVERSITY OF ARKANSAS AT PINE BLUFF  
APPLICATION FOR ADMISSION TO GRADUATE STUDIES**

**Complete and return admission application to and a non-refundable \$37 application fee made payable to UAPB:**

**Office of Admissions  
University of Arkansas at Pine Bluff  
1200 North University Drive, Mail Slot 4892  
Pine Bluff, Arkansas 71601  
(870) 575-8492 (870) 575-4607(FAX)**

**Proof of immunization is required of all students born after December 31, 1956.**

**PLEASE PRINT OR TYPE:**

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Any prior names used

Permanent Address: \_\_\_\_\_  
Street City State Zip Code  
County Telephone Number Email Address

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City State Zip Code County

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Last First (Area Code) Phone Number

Address: \_\_\_\_\_  
Street City State Zip Code County

**PLEASE CHECK ALL THAT APPLY:**

Residential Status: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Resident Alien \_\_\_\_\_ Non-Resident Alien \_\_\_\_\_ Other (Please Specify \_\_\_\_\_)

Ethnic Origin: \_\_\_\_\_ Black/Non-Hispanic \_\_\_\_\_ White/Non-Hispanic \_\_\_\_\_ Alaskan Native/American Indian \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Hispanic

Are you a veteran? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you receive veteran benefits? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Please Specify \_\_\_\_\_

**STUDENTS WITH DISABILITIES**

The Office of Disability Support Services will provide assistance for students with disabilities. Please call (870) 575-8293 for more information.

**PLEASE CHECK APPROPRIATE RESPONSE:**

\_\_\_\_\_ First Time UAPB Graduate Student \_\_\_\_\_ Returning UAPB Graduate Student \_\_\_\_\_ Transfer Graduate Student

**YEAR AND SEMESTER YOU PLAN TO ENROLL:**

\_\_\_\_\_ Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II

**MAJOR DEGREE INTEREST:**

<u>School of Education</u>	<u>School of Agriculture, Fisheries, &amp; Human Science</u>	<u>School of Arts and Sciences</u>
___ Master of Education in Early Childhood Education	___ M. S. in Agriculture Regulations	___ M. S. in Addiction Studies
___ Master of Education in Secondary Education (Specialty: English)	___ M. S. in Aquaculture Fisheries	___ M. S. in Computer Science & Technology
___ Master of Education in Secondary Education (Specialty: General Science)	___ Ph. D. in Aquaculture Fisheries	
___ Master of Education in Secondary Education (Specialty: Mathematics)		
___ Master of Education in Secondary Education (Specialty: Physical Education)		
___ Master of Education in Secondary Education (Specialty: Social Science)		
___ Master of Arts in Teaching (Middle Level)		
___ Master of Arts in Teaching (Secondary)		

**COLLEGES & UNIVERSITIES ATTENDED**

**DATES OF ATTENDANCE**

**DEGREE EARNED**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that withholding or falsifying any information may result in my not being accepted or in my being dismissed from the University of Arkansas at Pine Bluff.

Signature \_\_\_\_\_ Date \_\_\_\_\_