APPLICATION FOR ADMISSION TO GRADUATE STUDIES

Complete and return admission application to:
Office of Graduate Studies and Continuing Education
University of Arkansas at Pine Bluff
1200 North University Drive
Mail Slot 4951, Pine Bluff, Arkansas 71601
(870) 575-8315 or 8316

PLEASE PRINT OR TYPE:		Soc	Social Security Number:		
Name:					
Last	First	Midd	lle	Any prior names used	
Permanent Address: Street		City	State	Zip Code	
C	County		Telephone: Area Code	Phone Number	
Date of Birth:Month/Day/Year	Place of Bir	th:	State	County	
PARENT, SPOUSE, GUARDIAN C	OR PERSON TO CONTA	ACT IN CASE OF EMERGE	ENCY:		
Name:		Telephone No	umber:		
Last	First		Area Code	Phone Number	
Address:Street	City	State	Zip Code	County	
PLEASE CHECK APPROPRIATE	RESPONSE:		MAJOR I	DEGREE INTEREST:	
First Time UAPB Graduate Transfer Graduate Studen Returning UAPB Graduate	t			Education Aquaculture and Fisheries Addiction Studies	
PLEASE INDICATE THE SEMEST	ER AND YEAR YOU PL	AN TO ENTER:			
Fall	Spring	Summer I	Summer II	Year	
PLEASE CHECK ALL THAT APPL	Y: Sex:	Female Ma	ale		
Residential Status: U.S. Citizen Resident Alien Non-Resident Alien Other (Please Specify)		*Eth	*Ethnic Origin Black/Non-Hispanic White/Non-Hispanic Alaskan Native/American Indian Asian/Pacific Islander Hispanic		
PLEASE CHECK ALL THAT APPL Are you a veteran? No		you receive veteran benef	its? No Yes, Ple	ase Specify	
High School Attended:					
Name		City, State, Zip Code		Graduation Date	
Colleges & Universities Attended	d	Dates of Attenda	nce	Degree Earned	
STUDENTS WITH DISABILITIES: The Office of Disability Support Sell I understand that withholding or fall Arkansas at Pine Bluff					
The Office of Disability Support Se			ccepted or in my being dismiss		