

What is your county of residence _____

Where were you born? _____
City State Country

Permanent Address

Street Address Apartment# City State/Province

Zip/Postal Code County Country Address Valid Since mm / dd / yyyy

Billing Contact Name (if different from applicant)

Name _____
Prefix (Mr., Mrs, Dr., etc.) First Middle Initial Last Suffix (Jr., III, etc.)

Billing Address (if different from permanent address)

Street Address Apartment# City State/Province

Zip/Postal Code County Country Address Valid Since mm / dd / yyyy

Home Phone _____ Cell Phone _____
(Area Code) Phone Number (Area Code) Phone Number

E-mail Address _____

Ethnic Background

This information is optional and will not be used for discriminatory purposes.

Are you Hispanic or Latino? Yes No
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Military Status

Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? Yes No

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

For purposes of the following questions, a veteran is defined as an individual who (1) has engaged in active duty in the U.S. Armed Forces (Army, Navy, Air Force, Marines or Coast Guard) or is a National Guard or Reserve enlistee who was called to active duty for other than state or training purposes, or was a cadet or midshipman at one of the service academies, and (2) was released under a condition other than dishonorable. Also answer "Yes" if these conditions do not apply now but will apply by June 30, 2020. An individual should answer "No" if he/she (1) has never engaged in active duty in the U.S. Armed Forces, (2) is currently an ROTC student or cadet or midshipman at a service academy, (3) is a national Guard or Reserve enlistee activated only for state or training purposes, or (4) was engaged in active duty in the U.S. Armed Forces but released under dishonorable conditions.

Are you a member of the National Guard or the U.S. Armed Forces reserve? Yes No

Would you or your family like to receive information about Veterans Affairs educational benefits and services available through the Ohio University Veterans and Military Student Services Center? Yes No

Family Information

Will you be the first in your family to go to college? Yes No

Parent/Guardian 1

Highest level of school this parent or guardian has completed
 Less than HS Graduate HS Graduate or Equivalent Some College Technical School 2-Year College Degree Bachelor's Level Degree
 Some Graduate School Master's Level Degree Doctorate (Academic) Doctorate (Professional) Post-Doctorate

Did this parent or guardian graduate from Ohio University? Yes No Graduation Year _____
mm / dd / yyyy

Is this parent or guardian an employee of Ohio University? Yes No

Name _____
Prefix (Mr., Mrs, Dr., etc.) First Middle Initial Last Suffix (Jr., III, etc.)

Street Address _____ Apartment# _____ City _____ State/Province _____

Zip/Postal Code _____ County _____ Country _____

E-mail Address _____

Phone Number _____ Phone Type Home Work Cell

Relationship Mother Father Step-Father Step-Mother Legal Guardian

Parent/Guardian 2

Highest level of school this parent or guardian has completed

Less than HS Graduate HS Graduate or Equivalent Some College Technical School 2-Year College Degree Bachelor's Level Degree
 Some Graduate School Master's Level Degree Doctorate (Academic) Doctorate (Professional) Post-Doctorate

Did this parent or guardian graduate from Ohio University? Yes No Graduation Year / /
mm / dd / yyyy

Is this parent or guardian an employee of Ohio University? Yes No

Name _____
Prefix (Mr., Mrs, Dr., etc.) First Middle Initial Last Suffix (Jr., III, etc.)

Street Address _____ Apartment# _____ City _____ State/Province _____

Zip/Postal Code _____ County _____ Country _____

E-mail Address _____

Phone Number _____ Phone Type Home Work Cell

Relationship Mother Father Step-Father Step-Mother Legal Guardian

Family Members

Do you have family members who have attended, or are currently attending, Ohio University? Yes No

If yes, please attach a separate sheet listing name(s), graduation year(s), and relationship(s).

Your Education

High School _____ High School Type Public Private Homeschool

Name _____

City _____ State/Province _____ CEEB Code _____

Graduation Date / / GED? Yes No / / State _____
mm / dd / yyyy mm / dd / yyyy

College Coursework

Have you ever taken Ohio University coursework (regardless of location or level)? Yes No

Have you attended any other colleges or universities? Yes No

Have you ever been dismissed or suspended from high school or another college/university? Yes No

If yes, please attach an explanation.

Date of Dismissal/Suspension / / Name of Institution _____
mm / dd / yyyy

Disciplinary Academic

Have you ever been found responsible for a disciplinary violation at any school you have previously attended? Yes No

You should answer yes to the above question if, at any time, you have been found responsible for any disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from your institution.

If yes, please attach an explanation.

Are there any unresolved judicial charges still pending at any of your previous institutions? Yes No

If yes, please attach an explanation.

Are you eligible to return to every institution you have previously attended? Yes No

Answer yes if graduating is your only reason for being ineligible to return.

If no, please attach an explanation.

College Background

List all other institutions attended prior to enrolling at Ohio University. If you enroll at another institution after submitting this application you must notify Undergraduate Admissions of that institution. Indicate dates of attendance and degrees earned, if applicable. Attach additional sheets if necessary.

Name _____

City _____ State/Province _____ Country _____

Beginning Date of Attendance / / End Date of Attendance / /
mm / dd / yyyy mm / dd / yyyy

Major Area of Study _____

Degree Earned _____ Date Degree Received/Expected / /
mm / dd / yyyy

Signature

Date / /

I understand that I am responsible for submitting complete and accurate information on my application form and in all related application materials. I certify that the information contained in this application form and in all application materials is complete and accurate, and I understand that submission of inaccurate information by me or at my direction may be sufficient cause for terminating my enrollment. I understand that I am required to notify Undergraduate Admissions if any of the information provided on this application for admission changes after submission. Ohio University reserves the right to alter terms of admission, up to and including revocation of the admission offer, if necessary.

PLEASE RETURN THIS APPLICATION WITH THE \$25 NONREFUNDABLE APPLICATION FEE TO:
Undergraduate Admissions, Chubb Hall 120, 1 Ohio University Drive, Athens OH 45701-2979, U.S.A.

Ohio University does not discriminate against any person in employment or educational opportunities because of race, color, religion, age, national origin, ethnicity, national ancestry, sex, pregnancy, gender, gender identity or expression, sexual orientation, military service or veteran status, mental or physical disability, or genetic information. The following person has been designated to handle inquiries regarding the University's non-discrimination policies, to receive discrimination/ harassment complaints from members of the University community, and to monitor the institution's compliance with state and federal non-discrimination laws and regulations: Kerri Griffin, J.D., Director and Title IX Coordinator, University Equity and Civil Rights Compliance, Office of the Executive Vice President and Provost, Ohio University, Lindley Hall 006, Athens, Ohio 45701.

Payment Information

The application fee is \$25, nonrefundable. Payment must be received at the time the application is submitted. Applications submitted without the required application fee will not be processed for admission. Payment may be made by check, credit card, or money order. Please make check or money order payable to "Ohio University."

Please select payment method: Check Enclosed Credit Card Money Order

If paying by check: Check Number _____ Amount \$ _____

If paying by credit card: Credit Card Number _____ Expiration Date _____

Name of Cardholder _____
Prefix (Mr., Mrs, Dr., etc.) First Middle Initial Last Suffix (Jr., III, etc.)

Phone number at which Cardholder can be reached _____

Card Type: Mastercard Visa American Express Discover