



Last Name _____ First _____ Middle _____ Social Security Number * _____ Birth Date _____

Permanent Street Address _____ Apt./Box No. _____ City _____ State _____ Zip Code _____

Program Offered Admission _____ Program (Major) _____ Sex ** Freshman Off Campus Transfer
 Pre-Program Interest _____ Quarter Admitted _____ Marital Status _____ Do you plan to live on campus? Yes No

SUPPLEMENTARY INFORMATION:

Years of consecutive residence in the State of Ohio prior to this date _____ Home Address County _____
 Birthplace (City and State) _____ Home Telephone Number _____

Expected Graduation Year _____

* Social Security Number is used as a student identification number at the University of Cincinnati. If a Social Security Number is not provided a unique identifying number will be assigned.

** IF MALE AND 18 YRS. OF AGE, ARE YOU REGISTERED WITH SELECTIVE SERVICE (www4.sss.gov)? No Yes If Yes, # _____

The following information is requested in order that we may demonstrate to the U.S. Department of Education this institution's compliance with Title VI of the 1964 Civil Rights Act. Information is confidential, it will be available only for research and statistical purposes, and only upon specific authorization and for non-discriminatory use. Please check the box that applies to you based upon your predominant ethnic background.

American Indian or Alaskan Native Black, Non-Hispanic Origin Asian or Pacific Islander Hispanic White, Non-Hispanic Origin Non-resident Alien on Student or Temporary Visa Other (specify) _____

Citizenship: U.S. Citizen? Yes No If no, give type of visa held _____ Country of Citizenship _____

Employment Record for past 12 months: _____
 Employer _____ City _____ State _____ Dates _____

Person providing student's financial support _____ Relationship _____ Street Address & Number _____ City _____ State _____ Zip Code _____

PARENT INFORMATION

SPOUSE INFORMATION

Father's Name	Mother's Name	Spouse's Name
Home Address	Home Address	Home Address
Employer and Position	Employer and Position	Employer and Position
Business Address	Business Address	Business Address
College Attended and Dates	College Attended and Dates	College Attended and Dates

High School Information: _____
 Name of High School _____ City _____ State _____ Zip Code _____ Graduation Date _____

Colleges Attended, Dates and Degrees Attained: _____

Have you ever applied to U.C. before? Yes No If yes, which College? _____ When? _____ If yes, under what name? _____
 Last First Middle

Have you ever attended U.C. before? Yes No If yes, which College? _____ When? _____ If yes, under what name? _____
 Last First Middle

Interests: Band Fraternity or Sorority Pre-Medicine Pre-Dentistry Pre-Law

(Optional) Do you have a disability that may require special services or facilities? Yes _____
 If yes is checked, you will receive additional information from the Office of Disability Services.

Student Signature: _____ Date: _____

Please check the pre-printed portions of this form for accuracy, complete all other questions and return the Admissions Confirmation Form (ACF) to the University of Cincinnati, Office of Admissions, PO Box 210091, Cincinnati, OH 45221-0091. Receipt of your completed Admissions Confirmation Form (ACF) and \$100 non-refundable matriculation fee will reserve your place at UC.
 *** Please be sure all blanks have been completed! ***

Res.	County