

APPLICATION FOR UNDERGRADUATE ADMISSION

Use this application as a worksheet, then apply online at asu.edu/apply for faster processing.

I have attended ASU before.		
☐ I am applying to a bachelor's degree program.		
\square I am NOT applying to a bachelor's degree program, but I want to enroll in undergraduate of	courses (1-8 credit hours per semester). Note: This is calle	ed non-degree status.
Non-degree students are not eligible for financial aid.		
Legal Name		
FIRST, MIDDLE, LAST FORMER NAME(S) INDICATE ANY OTHER FIRST OR LAST NAMES UNDER WHICH TRANSCRIPTS MIGHT BE ISSUED		
FORMER NAMES ON INDICATE ANY OTHER FIRST OR LAST NAMES UNDER WHICH TRANSCRIPTS MIGHT BE ISSUED		
FIRST, MIDDLE, LAST		
Personal Information		
Date of Birth Female M	fale	
MONTH, DAY, YEAR		
Neither of my parents (or guardians) has graduated from a four-year university.		
Veteran Status		
Are you a veteran of the U.S. military?		
Ethnia (Pagin Pageryaund (vaguageted for fodoral reporting)		
Ethnic/Racial Background (requested for federal reporting)		
Are you Hispanic/Latino? Yes No	ACCOUNTS TO THE STATE OF THE PROPERTY OF THE P	1.1I
Are you (check one or more): American Indian or Alaska Native Asian Black of	or African-American Native Hawaiian or other Pacific	Islander White
ASU Identification Number		
☐ I do not have an ASU ID number. I have not attended, applied to or been employed at ASI	U, and I have not participated in an ASU-sponsored progra	am.
☐ I have an ASU ID number. I have attended, applied to or been employed at ASU, or I have	participated in an ASU-sponsored program.	
My ASU ID number I do not remer	mber my ASU ID number.	
Contact Information		
Email Address		ASU communicates via email.
Home Address and Primary Phone		
Address	CITY, STATE, ZIP	_
For non-U.S. Addresses Only		
,	PROVINCE, POSTAL CODE	COUNTRY
Telephone Number		
Parent Information ASU likes to communicate with the family as you transition to the univer	rsity. If you would like to include your family in our email co	mmunication, please fill out the
section below.	only in you mound mo to include your raining in our circum co	aouto., prodoc iii out tire
Father's name	Father's email address	
Mother's name		
Financial Aid		
Do you plan to apply for financial aid? Yes No		

Term and Major Term (semester) I am applying for \square Fall (August) \square Spring (January) Year Major Some majors have higher admission criteria than the general admission requirements. If you see that your first choice of major has higher admission requirements, as listed for the degree at asu.edu/degrees, select an alternate major as a second choice. The second major must be outside the college of your first choice of major. Your application will be evaluated based on the requirements for the major(s) you choose in your order of preference. Second Choice First Choice Major IF YOU ARE CHOOSING A MUSIC DEGREE, PLEASE INDICATE INSTRUMENT IF YOU ARE CHOOSING A MUSIC DEGREE, PLEASE INDICATE INSTRUMENT College Professional Program Services (optional) If you are interested in receiving advising and related services to prepare you for professional/graduate study in health-related fields or law, select one or both areas of interest below. Note that these are not majors. Pre-health (e.g., medicine, optometry, dental) Pre-law **High School (Secondary School)** Indicate high school name, address and date of graduation. High School HIGH SCHOOL GRADUATION DATE (MO/YR) NAME OF HIGH SCHOOL FROM WHICH GRADUATED/WILL GRADUATE ADDRESS: NUMBER, STREET CITY, STATE, ZIP Current Courses: If you are currently enrolled in high school, list all courses you will complete during your senior year. Type of Credits YEAR, SEMESTER, TRIMESTER, QUARTER Type of Credits YEAR, SEMESTER, TRIMESTER, QUARTER Complete Course Title Complete Course Title Other Colleges or Universities List all colleges and universities (other than ASU) you have ever attended. If you are a high school student who has earned college credits for college courses you attended at your high school or in a college setting, you must list the college(s) on the application. I have not attended another college or university. Name of Institution City, State, Country Dates Attended Degree(s) Semester Hours AWARDED SPECIFY CAMPUS (NO ABBREVIATIONS) TO (MO/YR) IN PROGRESS FROM (MO/YR) COMPLETED

Residency

Total support must equal 100 percent.

Note: For questions regarding residency classification, see students.asu.edu/residency or call 480-965-7712. Under Arizona law, students seeking in-state tuition status or who receive state monies as part of their aid package are required to have lawful presence in the United States.

Citizenship	
Country of Birth U.S. Other (specify country)	
Country of Citizenship U.S. Other (specify country)	
Type of Visa	
Non-U.S. citizens must complete this section.	
☐ Permanent Resident ☐ Student (F-1) ☐ Exchange Visitor (J-1) ☐ Refugee (R	RE) Other Visa Type
Social Security Number	_
Your Social Security number (SSN) is used to match your current and future records walso required for reporting education tax credit information to the federal government.	with any past records, ensuring that you will receive full credit for all academic work. Your SSN is
Military	
Are you or your spouse currently in the U.S. military, or are you a military dependent?	☐ Yes ☐ No
Is the military person on active duty?	
If no, is the military person in the Arizona National Guard or assigned to a Reser	rve unit in Arizona? Yes No
Has the military person been stationed in Arizona for 12 months or longer?]Yes □ No
American Indian	
Are you a member of an American Indian Tribe whose reservation lies wholly, or in part,	. in Arizona? ☐ Yes ☐ No
Are you currently a resident of that reservation? ☐ Yes ☐ No	
If yes, list the name of the Arizona Indian community that you are a resident of:	
Residency	
Do you consider yourself a resident of Arizona? Yes No When did your co	urrent stay in Arizona begin?
Driver License / State ID	
Do you have a driver license or state identification card?	
What is the state and issue date of your license or ID?	
STATE	MONTH YEAR
Vehicle	
Do you drive a vehicle in Arizona? Yes No	
In which state is the vehicle registered?	
What is the current registration date of your vehicle?	
MONTH	YEAR
Sources of Support for 2011	Sources of Support for 2010 My sources of support for 2010 is the same as 2011.
List all financial sources of support for 2011. If you were claimed as a dependent on anyone's federal tax return other than your own, you must list that individual(s)	List all financial sources of support for 2010. If you were claimed as a dependent on anyone's federal tax return other than your own, you must list that individual(s) as providing
as providing a minimum of 51 percent of your financial support.	a minimum of 51 percent of your financial support.
SOURCE OF SUPPORT PERCENT OF SUPPORT	SOURCE OF SUPPORT PERCENT OF SUPPORT
Employment	Employment
Parent(s)	Parent(s)
In which state did parent(s) file taxes in 2011?	In which state did parent(s) file taxes in 2010?
Spouse	Spouse
In which state did spouse file taxes in 2011?	In which state did spouse file taxes in 2010?
Financial Aid	Financial Aid
Other	Other
Please describe	Please describe

100%

Total support must equal 100 percent.

100%

Employment History List all employment since Jan. 1, 2010. Employer City, State, Country Start Date **End Date** (MO/YEAR) (MO/YFAR) Taxes Did you (or will you) file state taxes for tax year 2011 or 2010? Yes No In which state did you (or will you) file taxes in 2011? _ In which state did you (or will you) file taxes in 2010? _ Note: Your name, mailing address, phone number, birth date, college, major and previous institutions attended may be given out in response to general inquiry unless you submit a

written request specifically prohibiting its release. See students.asu.edu/policies/ferpa for more information.

Note: ASU provides online information and services to students, employees and the public to supplement services provided on campus. ASU's Privacy Statement provides information required by Arizona law about privacy, confidentiality and related policies for individuals who use our Web sites and online services.

Application Fee

A non-refundable application fee is required before the application will be processed. The fee amount is based on your Arizona residency status for tuition purposes. The application fee for Arizona residents is \$50. The fee for non-Arizona residents is \$65. ASU must review your application to determine your residency status. Please allow two weeks from the time you submit your application before contacting Undergraduate Admissions at admissions@asu.edu or 480-965-7788 to find out your residency status, application fee amount and methods of payment. Please contact the Residency Classification office at residency@asu.edu or 480-965-7712 if you have questions regarding your residency status.

Certification

I certify that all the information supplied by me in this application is correct and complete, and understand that any misrepresentation or falsification, including failure to report any college or university attendance, is sufficient cause for cancellation of enrollment and/or any credits earned and could result in other disciplinary action.

SIGNATURE DATE

Mail to:

Undergraduate Admissions Arizona State University PO Box 870112 Tempe, AZ 85287-0112

ASU is an affirmative action/equal opportunity institution. Information is subject to change.

Arizona State University does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, religion, age or veteran status in the university's services, educational programs and activities, including, but not limited to, admission to and employment by the university. The Office of Equity and Inclusion has been designated to handle inquiries regarding the university's nondiscrimination policies: Senior Director, Office of Equity and Inclusion, University Services Building, 1551 S. Rural Rd., Tempe, AZ 85287 USA, Campus Mail Code 5612. Phone: 480-965-5057. For information about ASU's nondiscrimination policies and procedures for filing complaints, please see asu.edu/aad/manuals/acd/acd401 and provost.asu.edu/policies/procedures/p20.html. Some deadlines for filing complaints are as short as 30 days

To request this publication in alternative formats, contact Undergraduate Admissions at 480-965-7788 or fax 480-965-3610.