### A. Biographical Information

**Legal name**  

last || first || m.i.

Preferred first name || Maiden/previous

**Permanent address**  

number/street || city/state/zip/country

**Current mailing address**  (if different)  

number/street || city/state/zip/country

**Sex**  

☐ M  ☐ F

**Date of birth (mm/dd/yyyy)**  

______/_____/______________

**Home phone**  

area code || number

**Cell phone**  

area code || number

**Email address**  

_____________________________@_____________________________

*please print legibly*

**Other personal information (optional)**

For US citizens and permanent residents: Are you Hispanic or Latino?  

☐ Yes  ☐ No

Please check one or more of the following groups in which you consider yourself to be a member:

☐ American Indian or Alaska Native (including all Original Peoples of the Americas)  

☐ Asian from Indian subcontinent  

☐ All other Asian descent  

☐ Cape Verdean  

☐ African American  

☐ Other Black (including Africa and Caribbean)  

☐ Native Hawaiian or Other Pacific Islander (Original Peoples)  

☐ Portuguese  

☐ White (including Middle Eastern)

### B. Admission Category

Please check the one box which best describes your admission category.

☐ Online  ☐ Part-time on campus

☐ Massachusetts resident student  

☐ Yes  ☐ No

### C. Testing Information

Please read the instructions carefully to determine which test results you need to submit. Please check the appropriate box(s)

☐ I have been out of high school for three years or more and will request an exemption from submitting test results.

☐ I have 24 transferrable college credits and will request an exemption from submitting test results.

☐ I have taken/will take the SAT-I on  

Mo ________ Yr ________  

Score: Critical Reading ________  

Math ________

☐ I have taken/will take the ACT on  

Mo ________ Yr ________  

Score: Composite ________

☐ I have taken/will take the Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS)  

on  

Mo ________ Yr ________  

Score ________
D. Citizenship

All applicants must complete this section. Please check appropriate boxes.

☐ I am a citizen of the United States

☐ I am a Permanent Resident of the United States with a valid I-551 (green card), a citizen of (state your country) _____________________

Registration number _______________________________________________________________

Please enclose a clear photocopy (front and back) of your alien registration card with your application.

☐ I am an international student. I am a citizen of (state your country) ___________________________ and will need or already have a non-immigrant student visa. **Does not apply to students applying for a fully online program.**

My current status is (circle one)     E1     E2     F1     F2     J1     J2     Other ______________________

E. Intended Program of Study

Select the major of interest by checking the box provided.

**Online freshman undergraduate degree programs**

☐ Accounting

☐ General Business Administration

☐ Liberal Arts*

☐ Management-Leadership

☐ Marketing

☐ Operations Management

☐ Political Science

☐ Women’s & Gender Studies

**Online undergraduate certificate programs**

☐ Women’s & Gender Studies

**Undergraduate certificate programs**

☐ Accounting

*List of concentrations: English Literature, History, Philosophy, Political Science, Sociology and Anthropology, Urban Studies, and Women’s & Gender Studies

**This is a full-time only program that requires a Bachelor’s degree and 7 prerequisite courses before enrolling.

**Online transfer undergraduate degree programs**

☐ Accounting

☐ Economics-Healthcare Services Administration

☐ General Business Administration

☐ Liberal Arts*

☐ Management-Leadership

☐ Marketing

☐ Nursing RN-to-BS

**copy of RN license required**

I am/will be a registered nurse on: mm/dd/yyyy    _________________

☐ Operations Management

☐ Political Science

☐ Women’s & Gender Studies

**Undergraduate hybrid degree programs**

☐ Crime and Justice Studies

☐ History

☐ Second Degree Accelerated BS in Nursing**

☐ Sociology and Anthropology

F. Academic/Education Information

Name of High School _____________________________________________________________________________

City      State

Graduation date   Mo______ Yr_______

If you have completed a high school equivalency program (GED), please provide this information:

Name of program: __________________________ Mo/Yr completed   Mo______ Yr_______

Please list every college or university you have attended, beginning with the most recent. You must indicate dates of attendance and any degrees earned. You must provide academic transcripts from the institutions you have attended. (use extra paper if necessary).

Name of institution: __________________________ City: __________________________ State: _______

Dates Attended: __________________________

Name of institution: __________________________ City: __________________________ State: _______

Dates Attended: __________________________

Name of institution: __________________________ City: __________________________ State: _______

Dates Attended: __________________________

Name of institution: __________________________ City: __________________________ State: _______

Dates Attended: __________________________

Highest Degree Earned: __________________________

If you have previously taken courses at UMass Dartmouth, indicate when: Mo______ Yr_______ to: Mo______ Yr_______

Applying for Success by Degree Program*: ☐ Yes ☐ No

* Students must apply within one year of receiving their associates degree from a Massachusetts State Community College with a minimum GPA of 3.0. Eligible students will receive a 33% waiver of tuition for each course taken through University Extension for up to four years and must maintain a 2.7 cumulative GPA at UMass Dartmouth University Extension to remain eligible.
G. Military Status

☐ Active Military  ☐ Veteran  ☐ Dependent of a disabled, deceased, or wartime veteran.

☐ Active Reserve  ☐ Veteran applying for benefits

H. Employment History

Present Employer__________________________________________  Title _________________________________________________________

Address__________________________________________________  City ___________________________________________  State ________

Length of time ____________________

Does your employer provide tuition reimbursement?  ☐ Yes  ☐ No  ☐ Full-time  ☐ Part-time

I. Signature

Please check your entire application and enclosures before signing the following statement. Any falsification or omissions may result in
denial of admission, dismissal, and/or admission revocation. All information will be kept confidential and will be released only to persons
authorized to review it.

The University of Massachusetts Dartmouth reserves the right to withdraw without notice any application not completed. All materials sub-
mittted become the property of the university.

To the best of my knowledge and belief, the information I have provided on this application is complete and accurate and the records sub-
mittted are correct and official.

By my signature, I certify that the information I have provided about my academic record, personal history and residency is
accurate and complete.

Print legal name _________________________________________________________________________________________________________

Signature of applicant ______________________________________________________________________ Date _________________________

For Office Use Only

Comments:___________________________________________________________________ Total Amount Paid: $  

Date Received:______________   Received By: ______________________  Entered By: ______________________

Initials  Date  Initials  Date

8.23.2016
Personal disclosure documentation

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First (Given) name</th>
<th>Middle name/initial</th>
<th>Previous or maiden last name</th>
<th>Previous first name</th>
</tr>
</thead>
</table>

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) — —

US Federal Law requires we request your Social Security Number (SSN) or Taxpayer Identification Number (ITIN) so that it may be included on an information return (1098-T). The 1098-T is used to determine your eligibility for federal education tax credits when filing a federal tax return. If you do not have your SSN or ITIN number readily available, you may use form W-9S to provide this information to us.

1. Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, which resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?

- [ ] Yes  - [ ] No

2. Have you ever been convicted of a felony or other crime?

(Note: You are not required to answer “yes” to the criminal history question if the criminal adjudication or conviction:
(1) has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential;
(2) was a first conviction for misdemeanor drunkenness, simple assault, speeding, minor traffic violations, or disturbance of the peace; or
(3) any conviction of a misdemeanor where the conviction occurred more than five years prior to the date of this application, unless you were sentenced to imprisonment upon conviction of the misdemeanor, or you have been convicted of another criminal offense within the five-year period.)

- [ ] Yes  - [ ] No

If you answered “yes” to either or both questions, please submit a separate sheet that gives the approximate date of each incident and explains the circumstances.

Mark the envelope CONFIDENTIAL and mail directly to:

UMass Dartmouth
Executive Director, University Extension
Foster Administration, Room 001
285 Old Westport Road
Dartmouth, MA 02747-2300 USA

We will carefully review the circumstances surrounding your situation. A “yes” answer does NOT necessarily disqualify you for consideration for admission to UMass Dartmouth.

To the best of my knowledge and belief, the information I have provided above is complete and accurate, and any records submitted are correct and official. I understand that failure to disclose any required information could result in the denial of admission or retroactive administrative withdrawal from the university without refund or course credits.

Signature  Date