

APPLICATION FOR ADMISSION

EDUCATION PLANS

Entry Term: Fall _____ Spring _____ Summer _____ Entry Year: _____

First time freshman _____ Transfer Student _____

Please indicate your intended program of study (please refer to the list of academic majors/programs on the last page of the application): _____

APPLICANT INFORMATION

Legal Name _____
Last/Family/Surname (enter name **exactly** as it appears on official documents) First/Given Middle Jr, etc.

Preferred Name, if not first name (only one) _____ Former Last name(s) _____

Birth Date _____ Female Male US Social Security Number, if any _____
MM/DD/YYYY Required for US Citizens and Permanent Residents applying for Financial Aid

Primary E-mail Address _____

Alternate E-mail Address _____

Preferred Phone number (____) _____ Phone type (home/mobile): _____

Would you like to receive updates on your application and enrollment status via text? Yes ___ No ___

If yes, what is your mobile/cell phone number: (____) _____

Permanent home address _____
Number and Street Apartment #

City/Town County or Parish State/Province Country Zip/Post Code

If different from above, please give your current mailing address for all admission correspondence.

Current Mailing address _____
Number and Street Apartment #

City/Town County or Parish State/Province Country Zip/Post Code

If your current mailing address is a boarding school, include the name of the School here: _____

DEMOGRAPHIC INFORMATION

Are you a U.S. Citizen? Yes ___ No ___ Birthplace: _____
City/Town State/Province County/Parish Country

Non-Citizens living in the U.S.

How long have you lived in the United States: _____ Are you currently on a VISA: Yes ___ No ___
Type of VISA

Optional Information

US Armed Service Veteran Status: _____

Are you?

Hispanic/Latino ___

American Indian or Alaskan Native ___

Asian ___

Black or African American ___

Native Hawaiian or other Pacific Islander ___

White ___

FAMILY INFORMATION

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities towards you. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the additional information section.

Household

Parents' marital status (relative to each other): Never married ___ Married ___ Civil Union/Domestic Partners ___
Widowed ___ Separated ___ Divorced ___ (date: _____)
MM/YYYY

With whom do you make your permanent home? Parent 1 ___ Parent 2 ___ Both ___ Legal Guardian ___
Ward of the Court/State ___ Other ___

Parent 1 Information

Mother ___ Father ___

Is Parent 1 Living? Yes ___ No ___ Date Deceased _____
MM/YYYY

Name: _____
Last/Family/Sur First/Given Middle

Former Last names: _____

Country of Birth: _____

Home Address (if different than yours):

Preferred Telephone Home ___ Cell ___ Work ___ (_____) _____
Area/Country Code

E-mail address: _____

Occupation _____

Employer _____

College (if any) _____

Degree _____

Graduate School (if any) _____

Degree _____

Parent 2 Information

Mother ___ Father ___

Is Parent 2 Living? Yes ___ No ___ Date Deceased _____
MM/YYYY

Name: _____
Last/Family/Sur First/Given Middle

Former Last names: _____

Country of Birth: _____

Home Address (if different than yours):

Preferred Telephone Home ___ Cell ___ Work ___ (_____) _____
Area/Country Code

E-mail address: _____

Occupation _____

Employer _____

College (if any) _____

Degree _____

Graduate School (if any) _____

Degree _____

Legal Guardian Information (if other than parent)

Relationship to you: _____

Name: _____
Last/Family/Sur First/Given Middle

Former Last names: _____

Country of Birth: _____

Home Address (if different than yours):

Preferred Telephone Home ___ Cell ___ Work ___ (_____) _____
Area/Country Code

E-mail address: _____

Occupation _____

Employer _____

College (if any) _____

Degree _____

Graduate School (if any) _____

Degree _____

Siblings

Please give names of any of your brothers or sisters that attended the University of New Orleans:



EDUCATION INFORMATION

Did you receive your diploma via Home Schooling? Yes ___ No ___

If yes, indicate the date your received your diploma: _____
MM/DD/YYYY

Did you receive your diploma via GED (General Educational Development)? Yes ___ No ___

If yes, indicate the date your received your diploma: _____
MM/DD/YYYY

If you have not received your diploma via GED or Home Schooling, please enter your high school information where you graduated from or you will be graduating.

High School Name _____

Address line 1 _____

Address line 2 _____

City/Town _____ State/Province _____

Zip/Postal Code _____ Country _____

Attended From _____ Attended To _____

Colleges & Universities List ALL colleges and universities that you have attended (including Dual Enrollment):

Name of College/University	City/State	Dates attended MM/YYYY to MM-YYYY	Degree earned
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please have official transcripts from ALL institutions sent to the Office of Admission at the University of New Orleans

TESTING

Have you taken or plan to take the ACT? Yes ___ No ___ ACT exam dates: _____
Please list dates past/future MM/YYYY MM/YYYY MM/YYYY

Have you taken or plan to take the SAT? Yes ___ No ___ SAT exam dates: _____
Please list dates past/future MM/YYYY MM/YYYY MM/YYYY

***For International Students only**

Have you taken or plan to take the TOEFL/? Yes ___ No ___ Exam dates: _____
IELTS Please list dates past/future MM/YYYY MM/YYYY MM/YYYY

EXTRA-CURRICULAR ACTIVITIES AND EXPERIENCE

Please list all of the extra-curricular activities, volunteer work, athletic activities that you participated in during high school:

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

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Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

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Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

Activity _____ Plan to continue in College _____

Years participated in activity: Freshman yr. ____ Position held Sophomore yr. ____ Junior yr. ____ Senior Yr. ____

DISCIPLINARY INFORMATION

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended including academic misconduct or behavioral misconduct that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, or expulsion from the institution. Yes ___ No ___

If yes, please attach a separate sheet of paper that gives the approximate date(s) of each incident and explain the circumstances and reflect upon what you learned from the experience.

SIGNATURE

___ I certify that all of the information submitted in the admission process, including the application and any supporting documents/materials, is my own work, factually true, and honestly presented, and that these documents will become the property of the University of New Orleans and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, should the information I have certified be false.

Signature: _____ Date _____
MM/YYYY

ACADEMIC PROGRAMS/MAJOR

College of Business

Accounting (B.S)
Business Administration (B.S.)
Finance (B.S)
Healthcare Management (B.S.)
Hotel, Restaurant, and Tourism (B.S.)
Management (B.S.)
Marketing (B.S.)

College of Liberal Arts, Education and Human Development

Elementary Education- Grades 1-5 (B.S.)
Elementary Education and Mild/Moderate Disabilities “Integrated to Merged Approach” - Grades 1-5 (B.S)
Human Performance and Health Promotion (B.S)
Secondary Education (B.S)

Anthropology (B.A.)
English (B.A.)
Film and Theatre (B.A.)
Fine Arts (B.A.)
History (B.A.)
International Studies (B.A.)
Music (B.A.)
Philosophy (B.A.)
Planning and Urban Studies (B.S.)
Political Science (B.A.)
Romance Languages (B.A.)
Sociology (B.A.)

College of Engineering

Civil Engineering (B.S)
Electrical Engineering (B.S)
Mechanical Engineering (B.S)
Naval, Architecture, and Marine Engineering (B.S)

College of Sciences

Biological Sciences (B.S)
Chemistry (B.S)
Earth and Environmental Sciences (B.S)
Mathematics (B.S)
Physics (B.S)
Psychology (B.S)

Interdisciplinary Studies

Interdisciplinary Studies