Admissions Confirmation Form (ACF)

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 ____

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

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.

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 $50 matriculation fee will reserve your place at the University of Cincinnati.

***** Please be sure all blanks have been completed! *****

Res.	County

UPub1633