APPLICATION FOR INTERNATIONAL RE-ADMISSION

Office of International Engagement
University of Central Arkansas
360 Farris Rd.
Conway, AR 72034

Telephone Number: (501) 852-0927
http://www.uca.edu/international

YEAR:

IMMIGRATION INFORMATION:
Do you have a current I-20 / DS-2019?
☐ Yes - if yes, provide below
☐ No

SEVIS# _______________________

You must provide a current copy of your I-20 / DS-2019.

RE-ADMIT TERM:
☐ Fall ☐ Spring ☐ Summer ☐

Are you currently in the United States?
☐ Yes ☐ No

PLEASE PRINT
STUDENT ID NUMBER:____________________________________________

___________________________________________________________________________________________

FAMILY NAME (As shown in passport)  FIRST NAME    MIDDLE NAME

DATE OF BIRTH:_____/_____/______ COUNTRY OF BIRTH:__________________________ CITIZENSHIP__________________________________

☐ MO   ☐ DD   ☐ YR

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES ☐ NO ☐ NO RESPONSE ☐

IF YES, TO THE QUESTION ABOVE, PLEASE PROVIDE AN EXPLANATION._______________________________________

__________________________________________________________________________________________________________

HOME COUNTRY ADDRESS

NUMBER & STREET OR ROUTE & BOX _____________________________

CITY     STATE    POSTAL CODE _____________________________

AREA CODE - TELEPHONE NUMBER _____________________________

EMAIL _____________________________

PARENT/EMERGENCY CONTACT INFORMATION

LEGAL NAME - LAST NAME (PLEASE PRINT)  FIRST NAME    MIDDLE NAME

NUMBER & STREET OR ROUTE & BOX _____________________________

CITY     STATE _____________________________

AREA CODE - TELEPHONE NUMBER _____________________________

COUNTY     ZIP CODE _____________________________

FOR YOUR INFORMATION: The university has an established Academic Clemency policy for eligible individuals.
Contact the University Registrar for information relating to eligibility, the application process, and terms and conditions of the
Academic Clemency Policy.

Questions?

Please contact Ellen Lewis  elewis@uca.edu  or  David Williamson dwwilliamson@uca.edu
COLLEGE AND UNIVERSITY INFORMATION:

Do you intend to earn a degree from UCA?  Yes [ ] No [ ]
Anticipated Graduation Date: _________ / _________  
month  year

If no, is your re-admission application for one semester only as a VISITING student?  Yes [ ] No [ ]

VISITING students must have at least a 2.0 cumulative GPA.

Intended college major___________________________________________________

Are you currently enrolled in a college or university?  Yes [ ] No [ ]
If yes, where______________________________________________________________

Enter the total number of hours accumulated:____________________

Transfer students must have at least a 2.0 cumulative GPA. ONLY credit with A, B, and C grades are transferable. The grade point average from other institutions does not transfer. All grade point averages are based on residence work at the University of Central Arkansas ONLY.

List in chronological order all colleges and universities you have attended, including UCA, and the inclusive dates of attendance. Each applicant for re-admission to the University must have each college or university attended, send an official transcript of his/her work to the Office of International Admissions, UNIVERSITY OF CENTRAL ARKANSAS, 360 FARRIS RD., CONWAY, ARKANSAS 72034.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City</th>
<th>State</th>
<th>Entered Date</th>
<th>Graduated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Entered Month</td>
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<td></td>
<td></td>
<td></td>
<td>Entered Year</td>
<td>Departed Year</td>
</tr>
</tbody>
</table>

If any of your college records are under another name, provide complete name used.

FAMILY NAME (As shown in passport)  FIRST NAME  MIDDLE NAME

Have you ever been suspended from a college or university?  Yes [ ] No [ ]
If so, where?__________________________________________ When?_______________________________________

The following is required before a student can be re-admitted in the University:
1. A formal, complete application for re-admission.
2. Proof of financial support that is less than 6 months old.
3. a. College transfer: the most recent official transcript(s)* from the colleges attended. For placement in freshman English and Mathematics, ACT scores may be required.
   b. Visiting students: the most recent official transcript(*) from the institution at which you are currently enrolled.
   * All official transcript(s) must reflect the cumulative grade point average as of the last term completed prior to the term for which re-admission is requested.

NOTE: Failure to properly complete all areas of the application form and/or provide any required documents will delay re-admission to the University of Central Arkansas.

I certify that the information contained in this application for re-admission is true and correct. I understand the misrepresentation or omission of information will be cause for dismissal and loss of credit. Should any of the information on this form change prior to my re-entry to the University of Central Arkansas, I will immediately notify the OFFICE OF INTERNATIONAL ADMISSIONS.

_______________________________________________________________________________________________________
SIGNATURE  DATE

Please submit this application to the Office of International Admissions, UNIVERSITY OF CENTRAL ARKANSAS, 360 FARRIS RD., CONWAY, ARKANSAS 72034.

“Be it resolved: University of Central Arkansas is an affirmative action/equal opportunity institution. In keeping with its non-discrimination policy in employment, admissions, and other functions and programs, the university considers employees and students on the basis of individual merit without regard to sex, race or color, religion, national origin, age, condition of disability, or other factors irrelevant to participation in its programs.”

Information concerning completion or graduation rates of degree-seeking, full-time students entering UCA, and Campus Security information is available on request from the Dean of Students.