Application for Undergraduate Admission and Readmission

Nonrefundable \$25 application fee required with application. Please print clearly, fill out completely using an ink pen (do not use a pencil) and return to

| APSU Office of Admissions |
|---------------------------|
| Box 4548 |
| Clarksville, TN 37044 |

| For Office Use Only | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|
| ID | | | | | | | | |
| Term | | | | | | | | |
| Date | | | | | | | | |
| Initials | | | | | | | | |

| 1. | Social | Secu | ırity | nun | ıber | | | - | |]-[| | | | | | |
|----|--------|------------------|-------|-----|------|----|--|---|--|-----|--|--|--|--|--|--|
| 2. | Name | Last | | | | | | | | | | | | | | |
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| | | First | | | | | | | | | | | | | | |
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| | | Middle | | | • | | | | | | | | | | | |
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3. Permanent address (local address needed if military or dependent – do not use a unit address)

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| Str | eet 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 | | Street 1 | umber | and na | ume | | | | 1 | 1 | | | | | | 1 | | | - | | | | | | | |
| Street 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | Apartm | ient/Sui | te/P.O. | Box Nu | mber (i | if appli | icable) | 1 | | | | | | | | | | | | | | | | | |
| | City | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City | | | | | | | | | | | | | | | | | | | | | | | | | |
| | State | | |] | Zip | | | | | | Сот | intry | , | | | | | | | | | | | | | |
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| Ph | one 1 | | | | - | | | | - | | | | | Pho | ne 2 | | | | - | | | | - | | | |
| | | Home | | | _ | | | | | | | | | | | Cell | | | | | | | | | | |
| 4. | Date o | of bir | th | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Month | | | Day | | | Year | | | | | | | | | | | | | | | | | | |
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| 5. I | Email | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | L | | | | | | | | | | - | | | | | | | | | | | | | | |
| 6. | Gende | er (01 | ption | al) | | | | Male | | Fem | ale | | | | | | | | | | | | | | | |
| 7. | Are yo | ou Hi | span | nic/L | atino | ? | | Yes | | No | | | | | | | | | | | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | - I | | | - | | | | | | | | | | | | | | | | | | | | |
| 8. | Select | one | or n | nore | race | e(s) | | White | e | Blac | k or | Afric | an A | merio | can | | As | ian | | | meri | can I | ndia | n | | |
| | Alaska Native Native Hawaiian or other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | |



| 9. | Are you a U.S. citizen? Yes | D No | | | |
|----|--|------------------|-------------------|---|----------|
| | If no, list country of citizenship | | Visa statu | s or resident alien # | |
| | Country of birth | | If RA, sub | omit a copy of your resident alien card | |
| 10 | . Emergency contact information | | | | |
| | Name | _ Phone (|) | Relationship (optional) | |
| | Address Street/P.O. Box /Apt.# | | City | State | ZIP Code |
| 11 | . Parent/guardian information (Required | for anyone yo | unger than 21) | | |
| | Name | _ Phone (|) | Relationship (optional) | |
| | Address Street/P.O. Box /Apt.# | | City | State | ZIP Code |
| 12 | . Academic history (Please do not abbrevia | ute.) An officia | l transcript must | t be sent to the Office of Admissions. | |
| | □ Name of high school | | | | |
| | Are you home-schooled? | No No | | | |
| | Graduation date Month | Year | | | |
| | City/State of high school | | | | |
| | Name under which transcript will be iss | ued | | | |
| | □ Received a GED Date GED received _ | | | | |
| | Name under which GED scores will be i | ssued | | | |

13. Colleges and universities previously attended (Please **DO NOT** abbreviate.) List **ALL** colleges and universities previously attended, including APSU (main campus and Fort Campbell), in chronological sequence.

| Name of Institution | City | State | Degree Earned | Dates Attended (Month/Year) | Name under which transcript will be issued |
|---------------------|------|-------|------------------|--------------------------------|---|
| | | | | | |
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14. Please indicate where and when you will first enroll (check one only)

| Austin Peay main campus – Year 20 | | | | | | | | |
|--|----------------------------|-------------------------|--|--|--|--|--|--|
| ☐ Fall (August -December) | Spring (January - May) | Augmenter (May) | | | | | | |
| Summer I (June) | Summer II (July) | | | | | | | |
| Austin Peay Center @ Fort Campbell – Year 20 | | | | | | | | |
| General Fall I (August - October) | Spring I (January - March) | Gummer III (May - July) | | | | | | |
| ☐ Fall II (October - December) | Spring II (March - May) | | | | | | | |

Application for Undergraduate Admission and Readmission (continued)

15 Do you plan to take classes at this off-campus site?

Austin Peay at Highland Crest, Springfield, Tenn.

Are you enrolling for online and on-campus courses?

22. Are you seeking a postbachelor's teacher certification?

21. Are you seeking a second undergraduate degree?

| 16. | Entry level (check one) | | | | | | | | | |
|-----|--|--|---------|---|--|--|--|--|--|--|
| | Given First-time student | Special student (see definition and requirements in the current Bulletin) | | Readmit student; have attended another college since APSU | | | | | | |
| | Transfer student; first time at APSU | Transient student, currently enrolled another university (see definition and requirements in the current Bulletin) | at | □ Readmit student; have not attended another college since APSU | | | | | | |
| 17. | Residency (Please choose | one of the following) | | | | | | | | |
| | □ I have lived continuously in Tennessee since | | | | | | | | | |
| | I have lived continuously in Allen, Calloway, Christian, Logan, Simpson, Todd or Trigg County in Kentucky since | | | | | | | | | |
| | □ I have not lived continuously in Tennessee or the aforementioned Kentucky counties for the last 12 months. | | | | | | | | | |
| | □ Fort Campbell military personnel claiming exemption from out-of-state tuition must provide military unit address; whereas military family members must provide the name, Fort Campbell military unit address and relationship to sponsor. | | | | | | | | | |
| | Name of Sponsor | | | | | | | | | |
| | Relationship to Sponsor | | | | | | | | | |
| | Military Unit Address | | | _Base | | | | | | |
| | See housing information on | On-campus resident Off-campus c last page of this application. | | | | | | | | |
| 20. | Online courses Are you enrolling in online of | courses only? | The Yes | D No | | | | | | |
| | Are you enrolling in the Reg | gent's Online Degree Program? | The Yes | No No | | | | | | |
| | | | | | | | | | | |

Yes

Yes

Yes

🗋 No

🗋 No

🗆 No



23. Selective Service registration

Consistent with the federal Military Selective Service Act, Tennessee law requires all male applicants to be registered with the Selective Service (or certify exemption from the registration requirement) prior to enrolling in state colleges and universities. You must certify compliance in section 1 below or indicate the basis upon which you claim exemption in section 2 below. For more information, or to register online, please go to www.sss.gov.

| 1. I certify that I am registered with the Selective Service System as required by law. \square | 🖵 Yes | 🗖 No |
|---|-------|------|
|---|-------|------|

2. I certify that I am not required to be registered with the Selective Service System because:

| □ I am female. □ I am a cur | ent member of the armed forces on active duty. |
|-----------------------------|--|
|-----------------------------|--|

 \Box I am younger than 18 years of age. \Box I was born before 1960.

 \Box I am an exempt Resident Alien. \Box Other (Please specify)_

24. Active duty/Veterans/Family members

If you are active duty, an AARTS, SMART, DD 295 or CCAF transcript is required. If you are a veteran, a DD 214 Member Copy 4 is required.

| Date entered armed servi | ce | _ Date separated | |
|--------------------------|-------------------------------|---|---------------------|
| Status (check one) | Military I.D. expiration date | Active duty use only (Family Members/Retiree | es do not complete) |
| Active duty | Month/Year/ | (ranny members/ retrict | is do not complete) |
| Family member | | Pay grade | |
| U Veteran | | Unit address | |
| Retired veteran | | Military base | State |
| | | Unit phone | |
| | | Years of service | |

25. Please list the community leadership and/or extracurricular activities you have been involved in within the past five years. (Please use extra sheet of paper if necessary)

26. Applicant acknowledgment

If you are accepted as a student at APSU, you will be required to take certain performance tests during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by the University. The purpose of this requirement is to comply with the Tennessee Legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. If you are under 21 years of age and are required to complete academic assessment testing, your scores on these tests and course placement may be reported to your high school for research purposes. Any test scores will be treated confidentially as required by law.

By my signature, I certify that the information supplied on this form is complete and true. I understand that falsifying information may lead to disciplinary action and/or dismissal from the University. If accepted for admission, I agree to abide by all APSU rules and regulations as printed in the Code of Student Conduct, Undergraduate Bulletin and other University publications.

| Signature | | Date | | | | | | | |
|----------------------------|--|--------------------|--|--|--|--|--|--|--|
| How did you learn about AP | How did you learn about APSU? (Check all that apply) | | | | | | | | |
| Billboard | Family Member | Generation Center | | | | | | | |
| Generation Friend | APSU Representative | Guidance Counselor | | | | | | | |
| D Movie Ad | Newspaper | Radio | | | | | | | |
| Television | Commercial | • Other | | | | | | | |
| | | | | | | | | | |

Information for students with disability

If you have a learning or physical disability and want information on types of services and support that are available, please contact the Office of Disability Services at (931) 221-6230 voice, (931) 221-6278 tty. It is recommended that students who may benefit from these services make early contact with the office so that appropriate accommodations can be arranged.