

18. HAVE YOU PREVIOUSLY APPLIED TO ENTER HENDERSON AS EITHER AN UNDERGRADUATE OR GRADUATE STUDENT? _____ IF YES, DID YOU ATTEND? _____

19. HSU I.D. NUMBER: _____

20. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED:

NAME OF SCHOOL	CITY	STATE	DATES ATTENDED	YEAR GRADUATED	CREDIT HRS OR DEGREE

21. PERSON TO NOTIFY IN CASE OF EMERGENCY:

LAST

FIRST

MIDDLE

22. ADDRESS FOR LINE 21: _____

STREET

CITY

STATE

ZIP

COUNTY

PHONE FOR LINE 21: () _____ — _____

23. YOUR CURRENT ADDRESS: _____

STREET

CITY

STATE

ZIP

COUNTY

24. HOW LONG HAVE YOU LIVED CONTINUOUSLY IN ARKANSAS THIS STAY? _____

25. HOME PHONE NUMBER: _____ MOBILE PHONE NUMBER: _____

26. E-MAIL ADDRESS: _____

27. WORK SITE: _____

28. WORK PHONE NUMBER: _____

29. WORK ADDRESS: _____

30. FAX NUMBER: _____

31. UPON ENTERING HENDERSON, YOU PLAN TO:

_____ LIVE IN UNIVERSITY HOUSING

_____ LIVE OFF-CAMPUS

32. DO YOU PLAN TO APPLY FOR FINANCIAL AID? _____

33. DO YOU PLAN TO APPLY FOR A GRADUATE ASSISTANTSHIP? _____

34. APPLICATION FEE \$25.00 (make check payable to the HSU Graduate School): _____

35. SIGNATURE: _____ 36. DATE: _____

Indicate by signing above that you have read and understand all the information on this application and the information you have provided is factually correct and honestly prepared.

I understand and agree that during my tenure as a student at Henderson State University, I am responsible for paying when due all charges associated with enrollment and attendance at Henderson.

The campus coordinator for the Americans with Disabilities Act and Sec. 504 of the Rehabilitation Act is the General Council to the President, HSU Box 7744.

It is the policy of Henderson State University not to discriminate on the basis of race, color, national or ethnic origin, sex, marital or veteran status, age or disability. Henderson works continually to assure compliance with applicable Federal laws, including among others, the Civil Rights Acts; the Education Amendments; the Rehabilitation Act; the Americans With Disabilities Act; the Family Education Rights and Privacy Act; the Student Right to Know Act; the Campus Security Act; and the Drug-Free Schools and Communities Act.

STATE OF ARKANSAS
STATEMENT OF SELECTIVE SERVICE STATUS
IN COMPLIANCE WITH ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY

I UNDERSTAND THAT TO BE ELIGIBLE FOR ADMISSION TO HENDERSON STATE UNIVERSITY, I MUST REGISTER, OR BE EXEMPT FROM REGISTRATION, WITH THE SELECTIVE SERVICE SYSTEM IN ACCORDANCE WITH THE MILITARY SELECTIVE SERVICE ACT, 50 U.S.C. APPX 451 ET SEQ., AS SPECIFIED IN ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY. I THEREFORE SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT I HAVE REGISTERED WITH THE SELECTIVE SERVICE SYSTEM, OR I AM EXEMPTED FROM SUCH REGISTRATION BECAUSE OF THE FOLLOWING PROVISION(S) OF THE MILITARY SELECTIVE SERVICE ACT OR ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY.

- _____ I AM A FEMALE
- _____ I AM A CURRENT MEMBER OF THE ARMED FORCES ON ACTIVE DUTY
- _____ I AM UNDER 18 YEARS OF AGE
- _____ I AM 26 YEARS OF AGE OR OVER
- _____ I AM AN EXEMPTED RESIDENT ALIEN
- _____ OTHER, SPECIFY: _____

NAME (PLEASE PRINT) _____
DATE

SOCIAL SECURITY NUMBER _____
SIGNATURE

PLEASE DO NOT WRITE BELOW THIS LINE

Accepted: ___Yes ___No Initials: _____ Date: _____