

17. STUDENT I.D. NUMBER _____

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED.

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

19. PERSON TO NOTIFY IN CASE OF EMERGENCY

FIRST

MIDDLE

LAST

20. ADDRESS FOR LINE 19 _____

STREET CITY STATE ZIP COUNTY

PHONE _____

21. YOUR CURRENT ADDRESS _____

STREET CITY STATE ZIP COUNTY

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

23. HOME PHONE NUMBER _____

24. WORK SITE _____

25. WORK PHONE NUMBER _____

26. WORK ADDRESS _____

27. FAX NUMBER _____

28. E-MAIL ADDRESS _____

29. UPON ENTERING HENDERSON, YOU PLAN TO:

_____ LIVE IN UNIVERSITY HOUSING

_____ LIVE OFF-CAMPUS

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

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

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

33. SIGNATURE _____ 34. DATE _____

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

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.

