



UNIVERSITY OF CINCINNATI
SUPPLEMENTARY INFORMATION



COLLEGE OF MEDICINE
COLLEGE OF LAW
ADVANCED STUDIES

This information must be returned to the appropriate program office at the UNIVERSITY OF CINCINNATI. PLEASE PRINT. Use typewriter or ball point pen. BE CERTAIN ALL COPIES ARE LEGIBLE, AND ALL INFORMATION IS PROVIDED.

LAST NAME _____ FIRST _____ MIDDLE _____ SOCIAL SECURITY NO * _____ BIRTH DATE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

COLLEGE OF MEDICINE (M.D.) _____ COLLEGE OF LAW _____ DEGREE SOUGHT _____

OFFICE OF RESEARCH AND ADVANCED STUDIES _____ BUSINESS ADMINISTRATION _____ ACADEMIC PROGRAM _____ SEX* _____

ARTS AND SCIENCES _____ ENGINEERING _____ NURSING _____ DESIGN, ARCHITECTURE, ART AND PLANNING _____ TERM ADMITTED _____ MARITAL STATUS _____

SCHOOL OF SOCIAL WORK _____ PHARMACY _____ COLLEGE-CONSERVATORY _____ OF MUSIC _____

COLLEGE OF MEDICINE (MS, PhD) _____ ALLIED HEALTH SCIENCES _____

SPOUSE INFORMATION (IF MARRIED)

NAME _____ ADDRESS _____ EMPLOYER _____

Years of consecutive residence in Ohio _____

Home Address County _____ Home Telephone Number _____

PARENT INFORMATION (OR LEGAL GUARDIAN)

NAME _____ Last _____ First _____ Middle _____ Zip Code _____

Address _____ City _____ State _____ Zip Code _____

SUPPLEMENTARY INFORMATION: Years of consecutive residence in the State of Ohio prior to this date _____

Birthplace (City and State) _____

* IF MALE AND 18 YRS. OF AGE, ARE YOU REGISTERED WITH SELECTIVE SERVICE YES _____ NO _____ IF YES, # _____

The following information is requested in order that we may demonstrate to The U.S. Department of Health, Education and Welfare 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 (1) Non-Hispanic Origin (2) Black Asian or Pacific Islander (3) Hispanic (4) White - Non-Hispanic Origin (5) Non-resident Alien on Student or Temporary Visa (6) Other Specify (7) _____

HIGH SCHOOL FROM WHICH YOU WERE GRADUATED

Name _____ City _____ State _____ Zip Code _____ County _____ Date _____

Name _____ Dates Attended _____ Degree _____

Name _____ Dates Attended _____ Degree _____

CITIZENSHIP U.S. CITIZEN? YES NO IF NO, GIVE TYPE VISA HELD _____ WHERE LAST DEGREE WAS EARNED _____ COUNTRY OF CITIZENSHIP _____

EMPLOYMENT RECORD

Name of Firm	Location (State)	Type of Work	Dates
Name of Firm	Location (State)	Type of Work	Dates
<input type="checkbox"/> Family <input type="checkbox"/> Savings <input type="checkbox"/> Loans <input type="checkbox"/> Fellowships and Scholarships <input type="checkbox"/> Assistantship <input type="checkbox"/> Earnings <input type="checkbox"/> Other			

FINANCIAL SUPPORT

Have you ever applied to U.C. before? Yes No Which College? _____ When? _____

Have you ever attended U.C. before? Yes No Which College? _____ When? _____

If above is yes, under what name? _____ Last _____ First _____ Middle _____ Date _____ Signature _____

(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.

*Social Security Number is used as a student identification number at the University of Cincinnati. If Social Security Number is not provided a unique identifying number will be assigned.

DO NOT WRITE BELOW THIS LINE

RES	CNTY
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