



- Fall 20 ____
- Spring 20 ____
- Freshman
- Transfer
- Full-Time Student
- Part-Time Student
- Day Study
- Evening Study

PERSONAL DATA/Please type or print.

- -
 Student's Social Security Number

Legal name _____

Last
First
Middle (complete)
Jr., etc.

Former last name(s), if any _____

Date of birth ____/____/____ Sex: Male Female

Month
Day
Year

E-mail _____@_____

High school CEEB code Race (information requested by U.S. Dept. of Education) (optional):
 Check one: Black Hispanic White

High school graduation date ____/____/____ American Indian or Alaskan Native Asian or Pacific Islander

Month
Year

Religious preference (optional) _____ Other (specify) _____

Citizenship: I am a U.S. citizen I am an eligible noncitizen _____
(If you are not a citizen or eligible noncitizen, please complete an International Student application.) Alien registration number

City of birth _____ What is your first language, if other than English? _____
 Have you taken the TOEFL? Yes No If yes, when? ____/____/____

Month
Year

Permanent mailing address (for all admission correspondence):

<small>Street</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>	<small>(____) _____</small> <small>Home telephone</small>
				<small>(____) _____</small> <small>Business telephone</small>
<small>Street</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>	<small>(____) _____</small> <small>Home telephone</small>
				<small>(____) _____</small> <small>Business telephone</small>

Have you ever attended the University of Hartford? Yes No If yes, when? From _____ to _____

Do you plan to live in university housing? in an off-campus apartment? with parents?

Do you plan to request financial aid during your first academic semester? Yes No

If your answer to the prior question was yes, you must file a Free Application for Federal Student Aid (FAFSA).

- Please indicate with a 1 or 2 the colleges/schools/programs at the university to which you are applying:
- | | | |
|---|--|---|
| <input type="checkbox"/> Barney School of Business | <input type="checkbox"/> College of Education, Nursing and Health Professions | <input type="checkbox"/> The Hartt School (supplemental application required) |
| <input type="checkbox"/> College of Arts and Sciences | <input type="checkbox"/> College of Engineering, Technology, and Architecture | <input type="checkbox"/> Hartford Art School (portfolio required) |
| <input type="checkbox"/> Hillyer College | <input type="checkbox"/> Interactive Information Technology (Multimedia and Web Development) | |

Indicate the major you plan to pursue, if known _____

Are you interested in a second major or minor? Yes No

If yes, please indicate _____

- Please indicate any of the following in which you are interested Premed Pre-Law Honors Study Abroad

FAMILY INFORMATION

Father Living Deceased

Last name First Middle

Home address (if different from student's):

Street

City State ZIP

Home telephone (_____) _____
(if different from student's)

Occupation _____
(Describe briefly)

(Name of business or organization)

Business address:

Street

City State ZIP

Business telephone (_____) _____

Name of college and/or professional school (if any):

Degree Year

E-mail

Mother Living Deceased

Last name First Middle

Home address (if different from student's):

Street

City State ZIP

Home telephone (_____) _____
(if different from student's)

Occupation _____
(Describe briefly)

(Name of business or organization)

Business address:

Street

City State ZIP

Business telephone (_____) _____

Name of college and/or professional school (if any):

Degree Year

E-mail

If you do not live with both parents, with whom do you make your permanent home? _____

Please check if parents are separated divorced

Please give names and ages of your brothers and sisters. If they have attended college, give the names of the institutions attended, degrees, and approximate dates:

Name and age School attending/attended Degrees and dates

Name and age School attending/attended Degrees and dates

Name and age School attending/attended Degrees and dates

Are either of your parents an alumnus or alumna of the University of Hartford? Yes No

Are any members of your family currently employed by the University of Hartford? Yes No

Do you have a brother or sister currently attending or applying to the University of Hartford? Yes No
(If yes please provide name)

List other educational institutions to which you have applied or plan to apply:

ACADEMIC INFORMATION/All applicants

Name of high school _____ High school type: Private Parochial Public

Address _____
City State

College advisor: Ms./Mr. _____ School telephone (_____) _____
Name Position

When did you, or will you, take the SAT/ACT? _____ / _____ / _____
Month Year Month Year

Please list other high schools you have attended (grades 9–12) and dates of attendance:

Name of School	Location (City, State, ZIP)	Dates of Attendance

High school seniors only: Please list courses in which you are currently enrolled:

1.	3.	5.
2.	4.	6.

If not currently attending school, please check here: **Describe in detail, on a separate sheet, your activities since last enrolled.**

Considering your strengths, talents, and interests, why do you wish to attend the University of Hartford? (Please use a separate sheet.)

Transfer Applicants

List all colleges or universities previously attended or currently attending. Please include any study at the University of Hartford. This section must be completed whether or not transfer credit is desired. If there has not been continuous enrollment in postsecondary education, please explain. To ensure transfer credit, all final official transcripts must be received within the first semester of study.

College Name	CEEB Code Number	College Type <input type="checkbox"/> 2-yr. <input type="checkbox"/> 4-yr. <input type="checkbox"/> Public <input type="checkbox"/> Private	Dates of Attendance				Credit Hours Attempted to Date	Date and Degree Received/Expected	Location: City/State
			From		To				
			Month	Year	Month	Year			
		<input type="checkbox"/> 2-yr. <input type="checkbox"/> 4-yr. <input type="checkbox"/> Public <input type="checkbox"/> Private							
		<input type="checkbox"/> 2-yr. <input type="checkbox"/> 4-yr. <input type="checkbox"/> Public <input type="checkbox"/> Private							
		<input type="checkbox"/> 2-yr. <input type="checkbox"/> 4-yr. <input type="checkbox"/> Public <input type="checkbox"/> Private							
		<input type="checkbox"/> 2-yr. <input type="checkbox"/> 4-yr. <input type="checkbox"/> Public <input type="checkbox"/> Private							
		<input type="checkbox"/> 2-yr. <input type="checkbox"/> 4-yr. <input type="checkbox"/> Public <input type="checkbox"/> Private							

Please list courses in which you are currently enrolled:		
Department	Course Number	Credit Value

Extracurricular Interests

Please indicate your interest in any activities listed below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Clubs in Your Area of Interest | <input type="checkbox"/> Leadership Organizations <ul style="list-style-type: none">• Student Government• Honors Student Association• Freshman Emerging Leaders | <input type="checkbox"/> Programming Organizations (Student Event Planning) <ul style="list-style-type: none">• Program Council• Hawk's Nest |
| <input type="checkbox"/> Campus Media <ul style="list-style-type: none">• Newspaper• Student TV News• Yearbook• Radio | <input type="checkbox"/> Musical and Comedy Groups <ul style="list-style-type: none">• Pep Band• Choir• Improv Comedy | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Community Service | | <input type="checkbox"/> Service to the University <ul style="list-style-type: none">• Campus Tour Guides• Resident Assistants• Freshman Orientation |
| <input type="checkbox"/> Intramural Sports | | |

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

Student's signature _____ Date _____

The University of Hartford admits students without regard to race, age, color, creed, gender, physical ability, sexual orientation, or national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students of the university.

A NONREFUNDABLE \$35 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

Please return this application to

**Office of Admission and Student Financial Assistance
University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117**

To print additional copies of this application or to submit an application online, visit our Web site at <http://admission.hartford.edu>.

Contact us

860.768.4296

800.947.4303

admission@hartford.edu

www.hartford.edu



UNIVERSITY OF HARTFORD

200 Bloomfield Avenue
West Hartford, CT 06117