



- Form selection options: Fall 20, Spring 20, Summer 20, Winter 20, Freshman, Transfer, Full-Time Student, Part-Time Student

PERSONAL DATA/Please type or print.

Student's Social Security Number input boxes

Student's Social Security Number

Legal name Last First Middle (complete) Jr., etc.

Former last name(s), if any

Date of birth Month Day Year Gender: Male Female

E-mail @

Race (information requested by U.S. Dept. of Education) (optional):

- Check one: Black, Hispanic, White, American Indian or Alaskan Native, Asian or Pacific Islander, Other (specify)

Citizenship: I am a U.S. citizen, I am an eligible noncitizen 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):

Permanent mailing address fields: Street, City, State, ZIP, Home telephone, Cell phone

Business employer:

Business employer fields: Street, City, State, ZIP, Business telephone

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/home?

Do you plan to apply for financial assistance? Yes No

If your answer to this question is yes, you must file a Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov to be considered for need-based financial assistance.

Please indicate with a 1 or 2 the schools/colleges at the University to which you are applying:

- Application options: Barney School of Business, College of Education, Nursing and Health Professions, The Hartt School, College of Arts and Sciences, College of Engineering, Technology, and Architecture, Hartford Art School, Hillyer College, Interactive Information Technology, University Studies

Do you plan to pursue an associate's degree, bachelor's degree or certificate program?

Indicate the major/certificate program you plan to pursue, if known

**PREVIOUS EDUCATION**

**a) Secondary level (high school level)**

Name of school	Location (city and state)	Date of attendance	Date of graduation

If you have previously registered for any college classes, fill out the following section. Please include every college or university in which you have enrolled.

**b) Postsecondary level**

Name of institution	Location (city and state)	Credits earned (if any)	Date of enrollment	Degree received or Reason for leaving

**c) Courses in progress**

Name of institution	Course title	Credit value	Course number	Date of completion

**The U.S. Department of Higher Education requires proof of high school graduation or its equivalent by all students. This requirement must be fulfilled prior to registration. The requirement may be met with an official final high school transcript, a letter directly from your high school confirming graduation, or an official GED score report. All official documents must be received in a sealed envelope from the appropriate institutions.**

**Regardless of when the courses were taken, please ask previously attended colleges and universities to forward official copies of your record to the Office of Admission and Student Financial Assistance, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117.**

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 \$35 NONREFUNDABLE 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

Phone: 860.768.4296 or 800.947.4303

Fax: 860.768.4961