

University of Hartford

Request for Continuance of Non-Matriculated Status

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Business Phone # _____

Have you ever applied for matriculation at the University of Hartford? _____

If yes, when? _____ For what degree were you matriculated? _____

If not, are you planning to request matriculation? _____

Name of your secondary school? _____ City, State: _____

Year of Graduation? _____

Please list previous colleges attended, including the University of Hartford, specifying dates:

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____

Status at last college attended: ___ Graduated ___ Withdrew ___ Suspended ___ Dismissed

If you are employed full time, please indicate job title and employer:

<u>Job Title</u>	<u>Employer</u>	<u>City, State</u>
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1. Please check the description that best explains the reason for continuing your education?

- Have a degree; taking course for life/career enhancement.*
- Do not plan to pursue a degree; taking course for interest only. Area of interest _____*
- Pursuing a degree elsewhere; plan to transfer this course to _____*
- Considering return to school for a degree in _____; this is an initial step.*
- Accumulating pre-requisites for graduate program application.*
- Other: please specify _____*

2. Do you anticipate taking courses here in the future? Yes ___ No ___

Signature of Applicant Date _____

Office use only:

Approved for: One Semester As long as needed Other _____

Denied: _____ Reason: _____

Signature/Reviewer Date _____

Signature/Dean Date _____

Return form to: Karen Sullivan, Adult Academic Services CC 234, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117. Phone: 860-768-4373 Fax: 860-768-5160 Email: ksullivan@hartford.edu