



University of Arkansas Community College at Batesville Application for Admission

All items on this application must be completed in order to process your application for admission.

Demographic Information (SHAP)

Legal Name: _____
Last Other Name or Maiden Name First Middle Initial

Mailing Address: _____ County of Residence _____
Street/P.O. Box City, State, Zip

Cell Phone: _____ Home Phone: _____ Business Phone: _____

Preferred E-mail Address: _____

Social Security Number: _____ - _____ - _____ Gender: ___ Male ___ Female Birthdate ___ / ___ / ___

Ethnic Origin (please check one): ___ Asian or Pacific Islander ___ American Indian or Alaskan Native
___ African American ___ Hispanic ___ Caucasian ___ Other _____

Other Biographic Information (NAE-ADDITIONAL INFO-BIO)

Are you a U. S. Citizen? ___ Yes ___ No

If born in United States, what is your City/State of Birth: _____

If not born in the United States, what is your country of birth? _____

Emergency Contact Information (NAE-ADDITIONAL INFO-EMER)

Name _____ Relationship _____

Phone _____ Address _____

Other Information (ASUM-ACADEMIC PROGRAM-SHAP)

1. Marital Status: ___ Married ___ Single ___ Single Parent

2. Are you the primary care giver in your household? ___ Yes ___ No

3. Do either of your parents have a bachelor's degree? ___ Yes ___ No

4. Residency: a.) Have you lived in Arkansas consecutively for the past six months? ___ Yes ___ No

b.) Do you live in Independence County? ___ Yes ___ No

5. Educational and Career Goals:

a.) Are you currently attending another college? ___ Yes ___ No

b.) Do you plan to transfer to a four-year college or university? ___ Yes ___ No

If yes, what college or university are you considering for transfer? _____

If yes, what major (area of study) will you be pursuing when you transfer? _____

c.) What is your eventual career goal (job or occupation)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Agriculture, Food and Natural Resources | <input type="checkbox"/> Architecture and Construction | <input type="checkbox"/> Arts, Audio Visual or Communications |
| <input type="checkbox"/> Business Management and Administration | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Government and Public Administration | <input type="checkbox"/> Health Science | <input type="checkbox"/> Hospitality and Tourism |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Law, Public Safety, Criminal Justice |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing, Sales and Service | |
| <input type="checkbox"/> Science, Engineering or Mathematics | <input type="checkbox"/> Transportation, Distribution and Logistics | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Undecided | |

6. What is the highest level of education you hope to complete?

- | | | |
|--|---|--|
| <input type="checkbox"/> Certificate of Proficiency (less than 1 year) | <input type="checkbox"/> Technical Certificate (1 year program) | <input type="checkbox"/> Associate's Degree (2 year program) |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Doctorate Degree |

Academic Information (ASUM-SHAP)

I will begin attending classes in the following semester(s): Fall Spring Summer Year 20

Please check one of the following: I am seeking a degree at UACCB. I am not seeking a degree at UACCB.

I plan on attending full time (at least 12 credit hours) part time (6 to 11 credit hours) less than half time (less than 6 credit hours)

If not seeking a degree at UACCB, are you taking classes to improve your job skills? Yes No

Are you taking classes for personal interest? Yes No

Institutions Previously Attended (HSA/INAT)

High School Information:

Name of high school attended or attending _____ Location: City: _____ State: _____
Graduation Date: Month _____ Year _____

Did you earn a General Equivalency Diploma (GED)? Yes No

If yes, please provide the following information: State granting GED: _____ Month _____ Year _____

Were or are you home-schooled? Yes No; If yes, name of accredited home school _____

Previous College and University Information:

Have you previously attended UACCB? Yes No

Have you attended any other colleges or universities? Yes No

If yes, list all colleges and universities that you have attended below. Please include location of the institution and dates of attendance if possible.

College/University	City/State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently hold a degree? Yes No

If yes, indicate degree level: Associate's Bachelor's Other

**In order to be unconditionally admitted or receive transfer credit, you must provide all official transcripts to the Office of the Registrar.
Financial aid will not be processed until all transcripts are received.**

Academic Program: Check the degree program that you will be pursuing at UACCB. Associate degree programs are generally considered two-year programs; technical certificate programs are generally considered one-year programs; and certificate of proficiency programs are generally less than one-year programs. *Federal law requires those seeking financial aid to declare an area of study or major.* Federal financial aid is available for all associate degree, all technical certificate, and selected certificate of proficiency programs.

A.) General Education—Transfer Degree Programs

- | | | |
|--|--|--|
| <input type="checkbox"/> Associate of Science in General Education | <input type="checkbox"/> Associate of Arts in General Education | <input type="checkbox"/> Associate of Arts in Teaching Middle School Math and Science |
| <input type="checkbox"/> Associate of Science in General Education
(Pre-Respiratory Care) | <input type="checkbox"/> Associate of Arts with Business Focus | <input type="checkbox"/> Associate of Arts in Teaching Middle School Lang. Arts/Soc. Studies |
| <input type="checkbox"/> Associate of Science with Agriculture Focus | <input type="checkbox"/> Associate of Arts with Liberal Arts Focus | |
| <input type="checkbox"/> Associate of Science with Life Science Focus | | |
| <input type="checkbox"/> Associate of Science with Mathematics and Physical Science Focus | | |

B.) Nursing*

- | | |
|--|--|
| <input type="checkbox"/> Associate of Applied Science in Registered Nursing | <input type="checkbox"/> Technical Certificate in Practical Nursing |
| <input type="checkbox"/> Associate of Applied Science in Registered Nursing (Online Program) | <input type="checkbox"/> Certificate of Proficiency in Nursing Assistant |

C.) Allied Health*

- | | |
|---|--|
| <input type="checkbox"/> Associate of Applied Science in Emergency Medical Technician-Paramedic | <input type="checkbox"/> Technical Certificate in Emergency Medical Technician-Paramedic |
| <input type="checkbox"/> Certificate of Proficiency in Emergency Medical Technician-Basic | |

*Students pursuing a degree offered by the Division of Nursing and Allied Health must also complete a Nursing and Allied Health Application to be considered for selective program admission.

D.) Business

- | | |
|--|---|
| <input type="checkbox"/> Associate of Applied Science in Accounting | <input type="checkbox"/> Technical Certificate in Accounting Support |
| <input type="checkbox"/> Associate of Applied Science in Banking and Finance | <input type="checkbox"/> Technical Certificate in Banking and Finance |
| <input type="checkbox"/> Associate of Applied Science in Administrative Services | <input type="checkbox"/> Technical Certificate in Clerical Services |
| <input type="checkbox"/> Associate of Applied Science in Business Administration | |
| <input type="checkbox"/> Associate of Applied Science in General Technology | |

E.) Medical Office Management

- | | |
|--|---|
| <input type="checkbox"/> Associate of Applied Science in Medical Office Management | <input type="checkbox"/> Certificate of Proficiency in Medical Billing and Coding |
| <input type="checkbox"/> Associate of Applied Science in Health Information Technology | |

F.) Computer Information Systems

- | | | |
|---|---|---|
| <input type="checkbox"/> Associate of Applied Science in CIS/Networking | <input type="checkbox"/> Technical Certificate in CIS/Web Design | <input type="checkbox"/> Certificate of Proficiency in CIS/Networking |
| <input type="checkbox"/> Associate of Applied Science in CIS/Web Design | <input type="checkbox"/> Technical Certificate in Software Applications | |

G.) Industrial Technology

- | | |
|--|---|
| <input type="checkbox"/> Associate of Applied Science in Industrial Electronics Technology | <input type="checkbox"/> Technical Certificate in Industrial Electronics Technology |
| <input type="checkbox"/> Associate of Applied Science in Industrial Equipment Maintenance Technology | <input type="checkbox"/> Technical Certificate in Industrial Equipment Maintenance Technology |
| <input type="checkbox"/> Associate of Applied Science in Industrial Manufacturing Technology | <input type="checkbox"/> Technical Certificate in Industrial Manufacturing Technology |
| <input type="checkbox"/> Associate of Applied Science in PC Hardware Repair | <input type="checkbox"/> Technical Certificate in Aviation Maintenance Technology Airframe |
| <input type="checkbox"/> Associate of Applied Science in General Technology | <input type="checkbox"/> Technical Certificate in Aviation Maintenance Technology Powerplant |
| <input type="checkbox"/> Associate of Applied Science in Aviation Maintenance | <input type="checkbox"/> Certificate of Proficiency in Industrial Technology |

H.) Early Childhood Education

- | | | |
|--|---|--|
| <input type="checkbox"/> Associate of Applied Science in Early Childhood Education | <input type="checkbox"/> Technical Certificate in Early Childhood Education | <input type="checkbox"/> Certificate of Proficiency in Early Childhood Education |
|--|---|--|

I.) Criminal Justice

- Associate of Applied Science in Criminal Justice

Certification

In accordance with Act 228 of 1997, sworn under penalty of perjury, I certify that I am

___ 1) registered with the Selective Service of the United States of America

___ 2) not registered with the Selective Service because I am (check one of the following)

___ female

___ a current member of the armed forces

___ under 18 years of age

___ 26 years of age or over

___ exempted resident alien

___ other _____

I hereby certify that all information is complete and accurate. I understand that I will not be considered for unconditional admission to the University of Arkansas Community College at Batesville until I have submitted all documentation specified for admission and enrollment as outlined in the UACCB catalog. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I understand that, as part of the admission process, UACCB will verify previous colleges attended and federal aid received through the National Student Loan Data System (NSLDS).

Signature: _____ Date: _____

EQUAL OPPORTUNITY

UACCB is committed to the elimination of all discrimination based on race, color, national origin, religion, sex, age, or handicap. The College seeks to comply with all federal, state, and local statutes, regulations, and orders, including those that promote equal protection and equal opportunities for students, employees, and applicants.

Steps Required for Admission:

___ **1. Complete Application for Admission.**

___ **2. Submit an official copy of your high school transcript or GED scores and official copies of transcripts showing all other credit course work taken at other colleges and universities. (Transcript must be mailed by the sending institution or delivered in a sealed envelope from the sending institution.)**

___ **3. Proof of immunization against measles and rubella if born after January 1, 1957 (2 measles and 1 rubella required). Records can be obtained from your high school, childhood doctor or county health department.**

___ **4. Submit scores from ASSET, ACT, COMPASS or SAT standardized tests (less than 5 years old.)***

*** The fee for the placement test is \$10. For more information or to schedule a test, contact the Director of Student Development at 870-612-2013.**

**Application materials should be returned to the
Office of Admissions; P.O. Box 3350, Batesville, AR 72503-3350.
For more information, contact the Office of Admissions at 870-612-2042
or by e-mail at sgage@uaccb.edu.**