

COMPLETE ALL FIELDS BELOW

Passport Name – Please Print Neatly

Family or Surname First or Given Name Middle Name

Permanent Address and Telephone – Home Country

Number (Do not use P.O. Box) Street

City Province/Territory Postal Code

Country

+ Home Telephone (required – please include country code) + Mobile Telephone (optional – please include country code)

Email Address (IMPORTANT: Our office will use this email address to contact you)

Citizenship / Residency

Country of Citizenship Country of Residence

☐ Yes ☐ No - Do you require an I-20 ☐ Yes ☐ No - Do you require a DS 2019?

Native Language

Birth Place City Country **Date of Birth** Month Day Year

Gender

Enter X in appropriate box. ☐ Male ☐ Female ☐
(For example: Transgender, Gender Fluid, Agender, Trans Man, Trans Woman)

Pronoun (Optional)

Enter X in appropriate box. ☐ He ☐ She ☐
(For example: They, Ze)

Ethnicity / Race (optional)

What is your race? (Please select one or more races)

☐ Black or African American ☐ Asian ☐ White ☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaska Native

Educational Background

Please list all secondary schools, colleges or universities you have attended or are now attending. List them in order of attendance. Failure to report all secondary schools, colleges and universities attended or submission of falsified transcripts may result in dismissal. Please enclose official copies of all transcripts or academic records. Unofficial photocopies will not be accepted.

School Name	City and Country	Dates attended (mo/yr)	Degree/Diploma	Date Awarded
		to		
		to		
		to		
		to		
		to		

Term

Check only one box. Year applying for ☐ Fall Semester (August) ☐ Spring Semester (January)

First Choice – College Major Degree Code

Application Type – Please Select One

☐ Freshman (no college work attempted) ☐ Transfer from another institution ☐ Visiting or exchange student (not for students who require an I-20)

I understand that I must have a medical insurance policy (*insurance may be purchased at UK*). I also understand that I will have a tuberculin skin test after my arrival at the University. I hereby give my consent to the University of Kentucky to make my attendance and grade reports available to my parents or my financial sponsor. In addition, I verify that the above information is true and complete. Deliberate falsification may subject me to immediate dismissal from the University of Kentucky and revocation of credits or degree earned.

Applicant's Signature Date