



# non-degree seeking status undergraduate application for admission

Office of Undergraduate Admission and University Registrar  
100 W.D. Funkhouser Bldg. Lexington, Kentucky 40506-0054  
(859) 257-2000 Toll Free: 1-866-900-4685  
www.uky.edu/Admissions

**COMPLETE ALL FIELDS BELOW**

<b>1. NAME</b> <hr/> <b>First Name</b> <b>Middle Name</b> <b>Last Name</b> ( II, III, IV, etc.) This name will be used to establish your permanent record. <b>Do not use nicknames.</b>			<b>2. SOCIAL SECURITY NUMBER (OPTIONAL)</b> <hr/> Please provide correctly.																					
<b>3.</b> I certify that the information given on this application is complete and correct. Deliberate falsification may subject me to immediate dismissal from the University of Kentucky and revocation of credits or degrees earned. All applicants meeting the appropriate academic requirements and technical standards shall be considered equally for admission to any academic program, regardless of economic or social status and will not be discriminated against on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.  <b>APPLICANT'S SIGNATURE</b> _____ <b>DATE</b> _____																								
<b>4.</b> Preferred Name _____  Maiden Name _____  Other _____ <b>Important</b> if name is different on transcripts or test scores.		<b>5. ETHNIC BACKGROUND (OPTIONAL)</b> (Enter X in Appropriate Box) <input type="checkbox"/> African-American, Non-Hispanic [B] <input type="checkbox"/> Asian or Pacific Islander [O] <input type="checkbox"/> White, Non-Hispanic [W] <input type="checkbox"/> American Indian [A] <input type="checkbox"/> Alaskan Native [L] <input type="checkbox"/> Hispanic [H] <input type="checkbox"/> Other [X] Please specify _____																						
<b>6. DATE OF BIRTH</b> _____ / _____ / _____ Month      Day      Year	<b>7. GENDER</b> (Enter X in Appropriate Box) <input type="checkbox"/> Female [F]  <input type="checkbox"/> Male [M]	<b>8. CITIZENSHIP</b> (a) Country of Citizenship _____  If not a US Citizen but a permanent resident, please provide # below and submit copy of Permanent Resident card.  Please Note: Permanent residents may be subject to an English requirement.  (b) Resident Alien Number _____		<b>9. COUNTY</b>  County Name _____  (Required for all states)																				
<b>10. CURRENT MAILING ADDRESS, PERMANENT MAILING ADDRESS AND CONTACT INFORMATION</b>																								
<hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Current Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> <td style="width: 20%;">Country (If not U.S. Address)</td> <td style="width: 15%;">Permanent Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> <td style="width: 10%;">Country (If not U.S. Address)</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Current Telephone</td> <td style="width: 20%;">Permanent Telephone</td> <td style="width: 20%;">Work Telephone</td> <td style="width: 20%;">Cell Phone</td> <td style="width: 20%;">Email Address</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Emergency Contact (Last Name, First Name)</td> <td style="width: 20%;">Street Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> </tr> </table> Relationship: <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other      Phone _____      Email _____					Current Address	City	State	Zip	Country (If not U.S. Address)	Permanent Address	City	State	Zip	Country (If not U.S. Address)	Current Telephone	Permanent Telephone	Work Telephone	Cell Phone	Email Address	Emergency Contact (Last Name, First Name)	Street Address	City	State	Zip
Current Address	City	State	Zip	Country (If not U.S. Address)	Permanent Address	City	State	Zip	Country (If not U.S. Address)															
Current Telephone	Permanent Telephone	Work Telephone	Cell Phone	Email Address																				
Emergency Contact (Last Name, First Name)	Street Address	City	State	Zip																				



# non-degree seeking status undergraduate application for admission

**continued**

<p><b>11. COLLEGE AND MAJOR</b> (Enter X in Appropriate Box)</p> <p>Academic College and Major for which you are applying.</p> <p><input type="checkbox"/> NODEG – US Non-Degree Seeking</p>	<p><b>12. TERM</b> (Enter X in Appropriate Box)</p> <p>(Select beginning term only)</p> <p><input type="checkbox"/> Summer I (May)</p> <p><input type="checkbox"/> Summer II (June-July)</p> <p><input type="checkbox"/> Fall</p> <p><input type="checkbox"/> Spring</p> <p>Year _____</p>	<p><b>13. RESIDENCY</b> (Enter X in Appropriate Box)</p> <p>You must complete all three questions.</p> <p>Have you lived in Kentucky for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you received financial support from an individual outside of Kentucky during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a resident of Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>14. APPLICATION TYPE</b> (Enter X in Appropriate Box)</p> <p><input type="checkbox"/> Non-Degree Seeking (have completed bachelor’s degree at another institution)</p> <p><input type="checkbox"/> UK Visiting Student (are currently enrolled at another institution)</p> <p>Name of Current Institution _____</p>	<p><b>15. PREREQUISITE COURSE(S)</b> (Enter X in Appropriate Box)</p> <p>Please select the courses you wish to take at UK as prerequisites for the MBA Program:</p> <p><input type="checkbox"/> ACC 201 or ACC 221 Financial Accounting</p> <p><input type="checkbox"/> ACC 202 or ACC 222 Managerial Accounting</p> <p><input type="checkbox"/> ECO 201 Microeconomics</p> <p><input type="checkbox"/> ECO 202 Macroeconomics</p>	

**SEND THE FOLLOWING ITEMS TO:**

- **Completed application**
- **\$50 application fee**
- **Course registration requests (Box 15)**

Michelle Nordin  
Office of Undergraduate Admission and University Registrar  
University of Kentucky  
100 W.D. Funkhouser Bldg.  
Lexington, Kentucky 40506-0054

**If you have questions, please contact  
the MBA Center at 859/257-1306.**

**EQUAL OPPORTUNITY**

The University of Kentucky is committed to a policy of providing educational opportunities to all qualified students regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability. Compliance with the Title IX of the Educational Amendments of 1972, which prohibits sex discrimination, and with Title VI of the Civil Rights Act of 1964 is coordinated by the Equal Opportunity Office, Main Bldg., University of Kentucky, Lexington, KY 40506-0032, (859) 257-8927.