

International Undergraduate Admission Application

Office of Undergraduate Admission
 100 W.D. Funkhouser Bldg. Lexington, Kentucky 40506-0054
 +1-859-257-2000 | international.uky.edu/Apply

COMPLETE ALL FIELDS BELOW

1. Passport Name – Please Print Neatly <hr/> Family or Surname First or Given Name Middle Name			2. Date of Birth <hr/> Month Day Year																					
3. Gender Enter X in appropriate box. <input type="checkbox"/> Male <input type="checkbox"/> Female Pronoun (Optional) Enter X in appropriate box. <input type="checkbox"/> He <input type="checkbox"/> She (For example: They, Ze)		4. Ethnicity / Race (optional) What is your race? (Please select one or more races) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander																						
5. Citizenship / Residency Country of Citizenship _____ Country of Residence _____ Native Language _____		Do you require an I-20? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require a DS 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Birth Place City _____ Country _____																				
7. Home Address and Telephone – Home Country <hr/> Number (Do not use P.O. Box) Street City <hr/> Province/Territory Postal Code Country + _____ Home Telephone (required - please include country code) Email Address (IMPORTANT: Our office will use this email address to contact you) + _____ Mobile Telephone (optional - please include country code) WeChat ID																								
8. 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. <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">School Name</th> <th style="width: 20%;">City and Country</th> <th style="width: 15%;">Dates attended (mo/yr)</th> <th style="width: 20%;">Degree/Diploma</th> <th style="width: 15%;">Date Awarded</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;">to</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;">to</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;">to</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					School Name	City and Country	Dates attended (mo/yr)	Degree/Diploma	Date Awarded	_____	_____	to	_____	_____	_____	_____	to	_____	_____	_____	_____	to	_____	_____
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_____	_____	to	_____	_____																				
_____	_____	to	_____	_____																				
_____	_____	to	_____	_____																				
9. Term Year applying for _____ Check which semester you are applying for <input type="checkbox"/> Fall Semester (August) <input type="checkbox"/> Spring Semester (January)		10. Academic Major Academic college and major for which you are applying. First Choice: College _____ Major _____ Second Choice: College _____ Major _____																						
11. Application Type – Please Select One <input type="checkbox"/> Freshman (no college work attempted) <input type="checkbox"/> Transfer from another institution <input type="checkbox"/> Visiting or exchange student (not for students who require an I-20)																								
I understand that I must have a medical insurance policy and will be automatically enrolled in the UK Student Health Plan unless I have a qualifying plan that meets minimum university requirements. I also understand that I will have a tuberculin skin test after my arrival at the University. If applicable, I give my consent to the University of Kentucky to make my attendance and grade reports available to my government sponsor. In addition, I certify that the information given on this application is complete and accurate. Deliberate falsification may subject me to immediate dismissal from the University of Kentucky and revocation of credits or degrees earned.																								
Applicant's Signature _____				Date _____																				