

## UK Articulation Agreement Application

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

### COMPLETE ALL FIELDS BELOW

**1. Passport Name – Please Print Neatly**

\_\_\_\_\_

Family or Surname

First or Given Name

Middle Name

**2. Date of Birth**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**3. 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)*

**4. Ethnicity / Race (optional)**

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

Black or African American    Asian    White

American Indian or Alaska Native    Native Hawaiian or other Pacific Islander

**5. 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 \_\_\_\_\_

**6. Birth Place** City \_\_\_\_\_

Country \_\_\_\_\_

**7. Home 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)

**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.

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

**9. Term**

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

First Choice –    College \_\_\_\_\_    Major \_\_\_\_\_    Degree Code \_\_\_\_\_

**10. 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 \_\_\_\_\_