

Undergraduate Admission Application

UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Return this form to the UALR Office of Admissions and Financial Aid, 2801 South University Ave., Little Rock, AR 72204-1099

FOR OFFICE USE ONLY: Date received: _____

Classification: Entering Freshman Transfer Postbaccalaureate Transient Temporary Re-Applicant Senior Citizen

Year and Semester you will enroll: Year 2002 Fall Winter Spring Late Spring Summer

PLEASE PRINT Social Security Number _____ Date of Birth _____

Legal Name: Last/First/Middle Beech Heather Renee

Former Name(s) if any: Last/First/Middle _____

Mailing Address: 824 Turtle Creek Benton AR 72015
Street City State ZIP

Work phone (501) 860-6135 Home phone (501) 315-0293

How long have you lived at your current address? _____ If less than six months, list previous location: City _____ State _____

Next-of-Kin: _____ Relationship _____ Phone Number (_____) _____

NEEDED FOR RIGHTS. This information is used for demonstrating to federal agencies this institution's compliance with Title VI of the 1964 Civil Rights Act.

Female Male White, Non-Hispanic Black, Non-Hispanic Hispanic Asian American Indian
 U.S. Citizen Permanent Resident Alien (Green Card) Non-Resident Alien, Visa Type

Native Language _____ Country of Origin _____

ACADEMIC INFORMATION

High School Attended Harmony Grove Benton Year Graduated _____ Year Earned GED _____

Location of High School or GED Test Center: City/State/County Benton, AR Saline

Have you previously attended UALR, LRU, or LRJC at any location? Yes No If yes, give the last semester/year enrolled.

Please indicate your anticipated major from the list on the other side: Prefix NURS Major Nursing
By indicating your anticipated major, you are still required to make formal application to that major. Acceptance is contingent upon completion of requirements set forth by each major.

List all other colleges and/or universities attended. (Use separate sheet if necessary)

| School Name | Location | Dates Attended | Hours Earned | Degrees Earned |
|-------------|----------|----------------|--------------|----------------|
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Are you eligible to return to the last school attended? Yes No

Are you attending college now? _____ No Where _____

Are you a veteran? _____ No If yes, please see the Veterans Affairs Representative in our office.

Are you currently serving in the military? _____

Are you a dependent of someone currently serving in the military? _____

SELECTIVE SERVICE STATUS

I swear or affirm under penalty of perjury that I have registered with the Selective Service System, or I am exempted from such registration because of the following provision(s) of the Military Selective Service Act or Act 228 of the Acts of the Arkansas General Assembly:

I certify that I am registered with the Selective Service.

I certify that I am not required to register with the Selective Service because:

I am female

I am under 18 years of age.

I am an exempted resident alien.

I am a current member of the armed forces on active duty.

I am 26 years of age or over

Other, please specify _____

It is my understanding that I will not be considered for admission to the University of Arkansas at Little Rock until I have submitted all credentials specified. I further agree to inform the Office of Admissions and Financial Aid of any change of plans to attend the University. I certify that all of the information provided on this form is completely true and correct. I understand that withholding or submitting inaccurate information will make me ineligible for admission and enrollment and subject to administrative withdrawal.

Signature Heather R. Beech

Date _____