

# INDIANA UNIVERSITY KOKOMO

Application for Undergraduate Admission

## OFFICE OF ADMISSIONS

Kelley Student Center, Room 230  
(765) 455-9217 or toll free (888) 875-4IUK  
iuk.edu/admissions • iuadmis@iuk.edu

Name \_\_\_\_\_

First

Middle

Last

If applicable, give any former names listed on transcripts \_\_\_\_\_

Social Security Number, optional, but required for Financial Aid \_\_\_\_\_

Male  Female Birth date \_\_\_\_\_  
Month / Day / Year

Admissions Status (refer to page 1 for descriptions)

- First Year Applicant  Transfer Applicant  Visiting/Guest Student Applicant  Second Degree Applicant  
 Undergraduate non-degree applicant  Graduate non-degree applicant  Special High School Applicant  
 Non U.S. Citizens in the U.S.

If you are a transfer student, approximately how many college level credits have you completed? \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip Code

How long have you lived at this address? Since: \_\_\_\_\_  
Month / Year

If less than 12 months, list dates and addresses from the past two years: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

What is your citizenship status?  U.S. citizen  Permanent resident  Other, non U.S. citizen

OPTIONAL: Please list your country of citizenship: \_\_\_\_\_

OPTIONAL: Ethnic information: (Are you Hispanic or Latino?)  Yes  No

If you do not identify as Hispanic/Latino, with which of the following racial/ethnic categories do you identify?

- (Select all that apply)  Black/African American  American Indian or Alaska Native  Asian  
 Native Hawaiian or Other Pacific Islander  White

Semester you plan to enroll: •Fall (August) •Spring (January) •Summer Year \_\_\_\_\_

Intended Academic Major (COPY TEXT FROM MAJORS PAGE): \_\_\_\_\_

Parent or legal guardian (for applicants under 21 years of age):

Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip Code

List previous colleges and universities you have attended.

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduation Date \_\_\_\_\_ GED Testing Date \_\_\_\_\_

Would you like to have a representative from the Office of Disability Services Contact you? (Optional)

Yes  No

Have you served in the United States Armed Forces?  Yes  No

If yes, have you received an honorable discharge from military service?  Yes  No  Not Applicable

If yes, date of most recent honorable discharge. \_\_\_\_\_

Have you been convicted of a felony that has not been expunged by the court, have a charge currently pending, or have you engaged in behavior that resulted in injury to person(s) or personal property?  Yes  No

Have you ever been refused admission or subject to any disciplinary action (e.g., threatened or actual dismissal, expulsion, or probation) at any previous school?  Yes  No

If you answered yes to any of these questions, please explain in detail. Note that answering yes to any of these questions will not automatically disqualify you from admission, but failure to disclose could result in denial of admission or subsequent disciplinary action, including dismissal. Please attach a detailed explanation.

**ARE YOU A TRANSFER STUDENT ENROLLED IN AN INDIANA SINGLE ARTICULATION PATHWAY?  
IF SO, INDICATE YOUR PATHWAY:**

- I am not enrolled in a pathway program  Business Administration without Accounting  
 Computer Science  Criminal Justice  Early Childhood Education  Elementary Education  
 Engineering Technology: Electrical or Mechanical  Human Services/Social Work  
 Information Technology & Informatics  Mechanical Engineering  Nursing  
 Secondary Education  Special Education

**CRIMINAL ACTIVITY DISCLOSURE**

Indiana University is committed to maintaining a safe learning environment. As such, we require applicants who have been convicted of a felony, or who have engaged in behavior that resulted in injury to person(s) or personal property, to disclose this information as a mandatory step in the application process. A previous conviction does not automatically bar admission but does require review. If you answer "yes" to this item, attach a brief explanation, including the location of the offense(s) or conviction(s), the date(s), your status at the time of release, and the court deposition (in English). The explanation must also grant IU complete permission to access your criminal record. Additional information may be requested and additional time required for review. I certify that the information submitted in this application is correct to the best of my knowledge and understand that submitting inaccurate and false information may result in denial of admission and/or termination of enrollment at Indiana University.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

This completed application should be submitted to **Indiana University Kokomo**, Office of Admissions, 2300 S. Washington Street, P.O. Box 9003, Kokomo, IN 46904-9003. Phone (765) 455-9217 or toll-free (888) 875-4IUU. To check the status of your application, visit OneStart® ([onestart.iu.edu](http://onestart.iu.edu)) on the web.