

**Applicant information**

Legal name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Other \_\_\_\_\_ KUID number \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ )  
 Social Security number \_\_\_\_\_ Birth date: month/day/year \_\_\_\_\_ Area code and phone number \_\_\_\_\_ email address \_\_\_\_\_

Local address \_\_\_\_\_ City and state \_\_\_\_\_ ZIP code \_\_\_\_\_ County, if Kansas \_\_\_\_\_

Permanent address \_\_\_\_\_ City and state \_\_\_\_\_ ZIP code \_\_\_\_\_ County, if Kansas \_\_\_\_\_

Ethnic background: \_\_\_ 1. American Indian or Alaska Native \_\_\_ 2. Asian or Pacific Islander \_\_\_ 3. African American \_\_\_ 4. Hispanic  
 \_\_\_ 5. Non-U.S. Citizen \_\_\_ 6. White Gender: \_\_\_ male \_\_\_ female  
 This boxed section is optional. Your answers help KU comply with federal laws and will not affect your application.

**Enrollment information**

When did you first attend KU? Year: \_\_\_\_\_; Semester:  Fall  Spring  Summer  
 In what school(s) are you enrolled? \_\_\_\_\_  
 In what school(s) do you propose to enroll? \_\_\_\_\_  
 Proposed major code \_\_\_\_\_ Proposed degree \_\_\_\_\_  
 (Refer to the current timetable ([www.registrar.ku.edu/timetable](http://www.registrar.ku.edu/timetable)) for a listing of Undergraduate Fields of Study Codes. List codes for dual schools if applicable.)  
 When do you want to change? Year: \_\_\_\_\_ Semester:  Fall  Spring  Summer  
 Do you want dual enrollment?  Yes  No  
 If "Yes," in which schools? \_\_\_\_\_

DO NOT WRITE IN THE SPACE BELOW

Schl. \_\_\_\_\_  
 Lev. \_\_\_\_\_  
 Adm. \_\_\_\_\_  
 Term \_\_\_\_\_

**Important:** International students changing schools must report to International Student Services, 2 Strong Hall, to see a student adviser.

**Education information**

List all colleges or universities you have attended other than KU. If your official transcripts are not already on file at KU, you must request that an official copy be sent to: The University of Kansas, Office of Admissions and Scholarships, 1502 Iowa, Lawrence, KS 66045-7576. If your transfer courses are not listed on your ARTS form, please contact the Office of Admissions and Scholarships, (785) 864-3911.

Name of school	Dates	No. of Credits
_____	_____/____/____ To ____/____/____ month/year month/year	_____
City and state	_____	_____
_____	_____/____/____ To ____/____/____ month/year month/year	_____
City and state	_____	_____

**Change of School deadlines**

To enter	during	apply by
CLAS	Fall, Spring, Summer	No deadline
Architecture	Fall, Summer	February 1
	Spring	October 1
Business	Fall, Summer	February 15
	Spring	October 1
Education	Spring	September 15
	(non-teaching only)	
	Fall	February 1
Engineering	Fall, Spring, Summer	No deadline
Fine Arts	Fall, Summer	March 1
	Spring	October 15
Journalism	Fall, Summer	February 1
	Spring	September 1
Pharmacy	Fall	March 1
	Spring, Summer	No admission
Social Welfare	Fall, Summer	February 1
	Spring	October 1

**Instructions:** Complete by filling out this form and take it to the Dean's Office of the school to which you are applying.

To change your major to Allied Health or Nursing, contact that school.

- Nursing's deadline is Oct. 15.
- Allied Health deadlines vary by program.

**Questions?** Call the Office of Admissions and Scholarships (785) 864-3911

I certify that these statements are correct and complete, and I understand that omission or misrepresentation of information may invalidate continuation at the University of Kansas.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Admit \_\_\_ Admit on probation \_\_\_ Deny (Reason): \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

Note to School Official: Please make 2 copies of this form—one for student and one to send to Admissions and Scholarships, KU Visitor Center.