

SPECIAL ADMISSION APPLICATION

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Social Security Number/CWID: _____ Date of Birth: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ check here to receive texts about important university information.

Gender: Male Female

Marital Status: Single Married

Please mark all that apply. Ethnicity: Are you Hispanic or Latino? Yes No

Race: American Indian or Alaskan Native Tribe _____ Paternal Maternal Both Unknown

Asian Black or African American Native Hawaiian or Pacific Islander White

The above information is collected to comply with the Title VI of the Civil Rights Act of 1964 and Title IX of the Education Act of 1972 to be used for reporting purposes and does not determine admission to OSUIT.

RESIDENCY INFORMATION

State of Legal Residency: _____

A resident of Oklahoma is someone who has lived in the state continuously for at least 12 months and whose domicile is in Oklahoma. It is the place where he or she intends to remain. Additional documentation may be required.

Are you a U.S. Citizen? Yes No Resident Alien A# _____ Are you: A Veteran Spouse of a Veteran Child of a Veteran Active Duty

EDUCATION

Highest level: (check one) Some High School High School/GED Some College/Technology Center Associate's Bachelor's Postgraduate

High School Attended: _____ Last College Attended: _____ Are you eligible to re-enroll? Yes No

TO BE COMPLETED BY ALL APPLICANTS

Have you ever been suspended or expelled from a college or university as a result of a non-academic issue? No Yes *If yes, please attach a written explanation.*

Have you ever been convicted of a felony or lesser crime involving moral turpitude? No Yes *If yes, please attach a written explanation.*

COURSE INFORMATION

Course Name _____ Date of Course _____

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STUDENT AGREEMENT

This is to acknowledge that I agree to abide by all rules, regulations, policies and practices set forth by the administration of the school.

Student's Signature _____ Date _____



INSTITUTE OF TECHNOLOGY

RETURN APPLICATION TO:
Orthotic and Prosthetic Technologies
Oklahoma State University Institute of Technology
1801 East 4th Street
Okmulgee, OK 74447-3901
Fax: 918-293-4653

WWW.OSUIT.EDU
1-918-293-5330

Revised 01/2016

For Office Use Only: Dept/POS _____ Credit Course Non-credit Course

Enrollment/Date: _____

Course Number (s) _____ Term _____