

APPLICATION FOR ADMISSION

Please return with a \$15 non-refundable application fee and transcripts to:

Registrar's Office, NWOSU
709 Oklahoma Blvd.
Alva, OK 73717-2799

Registration Office, NWOSU
2929 E. Randolph
Enid, OK 73701

NWOSU, Woodward Campus
P. O. Box 1046
Woodward, OK 73801

FOR OFFICE USE ONLY			
Asset Needed	Classification		Immunizations
	AA Acknowledged		HS Transcript
	College		GED
	Transcripts		ACT Composite
	Received		SAT (M + V)
			Waiver Received
	Curr/Perf		Final Acceptance
	Received \$	Date	Receipt #

TO BE COMPLETED BY ALL APPLICANTS:

Full legal name (DO NOT use nicknames or initials) **PLEASE TYPE OR PRINT IN INK** Social Security Number _____ - _____ - _____

LAST NAME FIRST NAME MIDDLE NAME

When do you plan to enter Northwestern: Fall _____ Year Spring _____ Year Summer _____ Year Summer Only _____ Year

Previous name(s) used _____ Date of Birth _____

Permanent Address _____
Route, Street or PO Box City State Zip County-Okla. Only

Current Mailing Address, if different from permanent _____
Route, Street or PO Box City State Zip

Home Phone () _____ Daytime/Cell Phone () _____ Home town for publicity purposes: _____

Parent or Guardian _____
Route, Street or PO Box City State Zip Phone () _____

Are you a citizen of the U.S.? [] Yes [] No If not, list country of citizenship _____ Do you have a resident-alien card? [] Yes [] No

If U.S. citizen, list home (resident) state _____ How long have you been a permanent resident of your home state? _____

Are you on full-time active military duty? (Includes spouses and dependent children) [] Yes [] No

Have you taken the ACT? [] Yes [] No SAT test? [] Yes [] No If yes, when? _____

Are you a high school graduate? [] Yes [] No If no, have you completed your GED? [] Yes [] No If yes, when? _____

List High School Attended/Graduated City, State Phone Date of Graduation

Immediate Educational Goal at Northwestern: (check one) <input type="checkbox"/> NO DEGREE PLANS <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other <input type="checkbox"/> Master's Degree	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Any information regarding race or ethnicity will be used in a non-discriminatory manner, consistent with applicable civil rights laws. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> American Indian or Alaska Native If American Indian complete: Name of native tribe _____ Family line of tribe is [] Mother's side [] Father's Side [] Both
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Highest degree you have earned (check) [] Doctorate [] Master's [] Bachelor's [] Associate of Applied Science [] Associate of Arts or Sciences [] High School Diploma or equivalency

Does one of your parents hold at least a bachelor's degree? Yes _____ No _____

COMPLETING THE APPLICATION PROCESSFirst-Time Entering Freshman (**Students entering with a high school diploma or GED**) must submit:

- 1) Completed admission application with a \$15 non-refundable application fee
- 2) High school transcript reflecting GPA and class rank OR GED certificate
- 3) ACT or SAT scores including subscores

First-Time Student With Transfer Credit (**Transfer students**) must submit:

- 1) Completed admission application with a \$15 non-refundable application fee
- 2) Official transcripts from ALL schools previously attended

If transferring with fewer than 24 credit hours, a high school transcript and ACT or SAT scores are also required.

Classification when you plan to enter Northwestern: First-time entering Freshman
 First-time student with Transfer credit: Fr. Soph. Jr. Sr. Grad. Post-Grad.

(Transfer student has attended college previously.)

(Graduate students must complete a graduate study application.)

TRANSFER STUDENTS (COMPLETE THIS SECTION)

Transfer students should send the completed application with \$15 non-refundable application fee with **official transcripts from ALL schools previously attended**.
 If transferring with fewer than 24 credit hours, a high school transcript and ACT or SAT scores are also required.

Approximate number of semester hours completed: _____ Are you eligible to re-enter the last college you attended? Yes NoList below all college attended. (Failure to list **ALL** institutions previously attended may result in loss of credit or dismissal.)

NAME OF SCHOOL	CITY AND STATE	DATES OF ATTENDANCE	DATE OF GRADUATION	DEGREE

GRADUATE STUDENTS

Students taking courses for graduate credit must:

- 1) Submit official transcript showing bachelor's degree or highest degree earned
- 2) Complete admission application with \$15 non-refundable application fee
- 3) Complete application for graduate study

Is Graduate Study Application on file with Graduate Dean? Yes NoCandidate for the Master's Degree? Yes No Major field of study _____

**COMPLETE
BOTH SIDES
OF FORM**

Financial Aid: Do you expect to receive OHLAP? _____ Vocational Rehabilitation? _____ Veteran's Educational Benefits? _____

*I hereby state under penalty of perjury under the laws of Oklahoma that the facts stated on this application for admission are true and complete to the best of my knowledge. I understand that I must provide the Registrar at Northwestern Oklahoma State University with official transcripts from **ALL** schools attended (high school transcripts must have date of graduation, class rank, and GPA listed). I understand that I may be ineligible for admission to, or continuation at Northwestern for withholding or falsifying records or information concerning my enrollment in other schools.*

Date _____ Applicant's signature _____

AFFIRMATIVE ACTION COMPLIANCE STATEMENT This institution, in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, sections 503 and 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, physical or mental disability, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services. Inquiries concerning the application of these programs should be made to the Dean of Student Affairs and Enrollment Management, Northwestern Oklahoma State University, Alva, OK 73717, (580) 327-8415, or the Office of Civil Rights, U.S. Department of

NWOSU IMMUNIZATION RECORD

709 Oklahoma Blvd. Alva, OK 73717

Name _____
Last First Middle

Date of Birth _____ Sex M _____ F _____ S.S.# _____

Date of Entrance to NWOSU: Fall _____ Spring _____ Summer _____ Year _____

Status: Part-Time _____ Full-Time _____ Graduate _____ Undergraduate _____ Professional _____

Permanent Mailing Address _____
Street city/state/zip

IN CASE OF EMERGENCY, NOTIFY:

Parent, guardian, or next of kin: _____ Phone #s (_____)

Address: _____
Street city/state/zip

If you attach your immunization records, do not complete this section.

MMR (Measles, Mumps, Rubella) #1 / / #2 / /
Mo Day Yr Mo Day Yr

Hepatitis B Series #1 / / #2 / / #3 / /
Mo Day Yr Mo Day Yr Mo Day Yr

Meningococcal / / (required only if living on campus)
Mo Day Yr

Oklahoma law requires all students to provide immunization information or sign a religious/moral exemption.

If you can answer "yes" to any of the following questions, you are not required to submit your immunization records.

DID YOU GRADUATE FROM AN OKLAHOMA HIGH SCHOOL AFTER 2002? ___ YES ___ NO

IS YOUR DATE OF BIRTH BEFORE 1957? ___ YES ___ NO

I AM ENROLLED ONLY IN COURSES DELIVERED VIA THE INTERNET OR DISTANCE LEARNING. (DOES NOT APPLY IF TAKING CLASSES AT THE ALVA, ENID, OR WOODWARD CAMPUS) ___ YES ___ NO

I HAVE SERVED IN THE U.S. ARMED SERVICES AND HAVE BEEN VACCINATED AS REQUIRED BY OKLAHOMA STATUTE, TITLE 70 § 3244. ___ YES ___ NO

I HEREBY STATE THAT ALL OF THE INFORMATION GIVEN IN THIS DOCUMENT TO THE BEST OF MY KNOWLEDGE TO BE TRUE.

SIGNATURE _____ **DATE** _____

Moral or Religious Exemption: Parent or guardian of the above named person or the person himself/herself has an adherent moral or religious belief opposed to immunizations.

SIGNED _____ DATE _____
(Parent, guardian, emancipated student or student 18 years or older)

*In the event of an outbreak, students without proof of immunization may not be allowed to attend class or other group activities.

Hepatitis B Statement

I agree and understand that I must complete the hepatitis B shots (3) before the next academic semester begins. I further understand that I will not be allowed to enroll for the next semester until the hepatitis B immunization is completed (three shots). The hepatitis B immunization series of shots takes four months to complete. I will provide proper documentation to the Northwestern Registrar's office upon completion of the hepatitis B immunization.

(Complete only if you have not taken the hepatitis B immunizations.)

Student (Print Name) _____
Date

Address (while attending NWOSU)

City State Zip Code

Address (permanent)

City State Zip Code

Phone number (local) e-mail address

Phone number (permanent)

Student (sign name)