



Undergraduate EHE Licensure Application

\$40 application fee, payable to The Ohio State University

1. Name: _____ / _____ / _____ Female Male
Last Suffix (Jr., Sr., II) First Middle Social Security Number See other side.

2. Other names previously used: _____

3. Please check where appropriate: 1 Black, non-Hispanic 2 American Indian or Alaska Native 3 Asian or Pacific Islander
 4 Hispanic 5 White, non-Hispanic This information is optional and will not be used in a discriminatory manner.

4. Date of birth: ____/____/____ 5. Have you ever applied to Ohio State or the Ohio State Academy before?
month day year Yes No If yes, quarter/year _____

6. Country of citizenship: _____ City and country of birth: _____
Is English your native language? Yes No

7. Please complete if you are NOT a U.S. citizen. International students must use the international undergraduate application or international CED application.
I am a: Permanent resident alien of the U.S., or Refugee, or Asylee
Alien/File # A _____ Date status approved ____/____/____
month day year

My request for U.S. permanent residency or asylum is pending and my current or most recent visa type is _____

8. Are you currently on active military duty or are you a veteran? Yes No 9. If male, aged 18 to 26, have you registered with the selective service?
Dates of military service: From ____/____/____ to ____/____/____ Yes No Enter your selective service number _____
month/year month/year

10. Have you ever pled guilty to or been convicted of a felony, or is any felony charge currently pending against you?
 Yes No (If yes, Undergraduate Admissions will contact you for additional information.)
Note: If at any time prior to enrollment your answer to Question 10 changes, you must promptly contact Undergraduate Admissions to provide an explanation.

11. Have you ever been suspended or dismissed for any disciplinary or academic reason from any college or university, or is an academic dismissal or disciplinary charge from any such institution currently pending against you?
 Yes No (If yes, please include an explanation. Additional information may be requested.)
Note: If at any time prior to enrollment your answer to Question 11 changes, you must promptly contact Undergraduate Admissions to provide an explanation.

12. Permanent mailing address: _____
Number and street (If P.O. Box, number and street also required.)

City State/Country Zip County, if Ohio Permanent phone (include area code)

13. E-mail address: _____

14. Present address (if different from above): _____
Number and street (If P.O. Box, number and street also required.)

City State/Country Zip Present phone (include area code)
Final date at this address _____

15. Upon whom are you dependent for more than one-half of your financial support?
 Parent/Guardian/Spouse Self – I am financially independent Other

16. The person indicated in question 15 has lived in Ohio:
 From birth to present From ____/____/____ to present From ____/____/____ to ____/____/____ Never
month/year month/year month/year
This information will be used for residency/financial aid purposes and not for making admissions decisions.

17. Name of the person you indicated in question 15, or, if you are financially independent, name a person to notify in case of emergency:

First name Last name E-mail address Phone (include area code)

Number and street City State/Country Zip

18. List the high school from which you have graduated or will graduate. If you have received or will receive a GED, indicate date below.

Name of high school	City	State	From (month/year)	To (month/year)	Graduation date

Did you receive a GED? Yes No If yes, indicate date: _____

List other high schools attended, with the most recent first. Please do not include the school you entered in the space above.

Name of high school	City	State	From (month/year)	To (month/year)

19. Indicate any universities (including Ohio State) or colleges attended, including those attended during high school. Degree-seeking applicants must forward official transcripts from each, except Ohio State.

College/University	City	State	From (month/year)	To (month/year)	Post-secondary enrollment before high school graduation?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Is your cumulative point hour ratio (CPHR) a 2.00 (C) or higher on a 4.00 scale for all previous college work? Yes No

21. Quarter and year for which you are applying: Autumn (Sept.) Winter (Jan.) Spring (March) Summer (June) of the year 20____

Campus you wish to enter: Columbus Lima Mansfield Marion Newark ATI, Wooster

22. Indicate the type of enrollment desired.

Please check one of the following:

- Transient status (enrollment in Continuing Education for one quarter only)
- Continuing status (enrollment in Continuing Education for more than more quarter)

Student certification

23. Important! Read statement and sign below.

I affirm that the information I have provided on this application and any other information that I have submitted or will submit to The Ohio State University in connection with the admission and financial aid process is complete and accurate and is my own work. I understand that submission of incomplete or inaccurate information is sufficient cause for revocation of admission or enrollment. I further understand that failure to promptly notify The Ohio State University as required by Question 10 of any felony charge, plea, or conviction, or Question 11 of any suspension or dismissal from a post-secondary institution, prior to my enrollment is sufficient cause for revocation of admission or enrollment.

I authorize each academic institution I have attended to release my academic and personal information to The Ohio State University in connection with the admission and financial aid process. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize The Ohio State University to release the information provided by me, as well as other official and unofficial Ohio State information regarding my academic progress and status, to scholarship donors for the purpose of providing the donors with information concerning my eligibility as a scholarship recipient.

Applicant's legal signature

Print legal name

Date

From question #1

Use of the U.S. Social Security Number (SSN) The Office of Student Financial Aid (SFA) requires that students who plan to submit the FAFSA provide an SSN; the SSN from this application is used to match your FAFSA information with your admissions file. For others, providing the SSN is optional. Please note that The Ohio State University takes the protection of your personal information very seriously. The use of your SSN is limited to a few necessary processes of SFA, Undergraduate Admissions, and the University Registrar. If you do not have an SSN, or if you choose not to use the SSN for identification purposes, please leave this space blank; an application number will be assigned to you.

For Admissions Office Use Only \$40 App Fee Y N W Date rcvd: _____

Program/Plan _____ Admit type _____

EHE licensure/endorsement program area _____