ADMISSIONS CONFIRMATION FORM (ACF)

Receipt of your completed Admissions Confirmation Form (ACF) and required, non-refundable matriculation fee will reserve your place at the University of Cincinnati.

Failure to complete this form fully could result in assessment of non-resident fees.

Completed form may be submitted by fax, mail or in person

Fax: 513-556-1105

Mail: Office of Admissions, University of Cincinnati, PO Box 210091, Cincinnati, OH 45221-0091

In Person: Office of Admissions, 3rd floor, University Pavilion

Tallacto Complete alis formalis conditions and included the conditions of the condit							
Last Name	First Nam				Middle Nam	Middle Name	
Permanent Street Address City			State	ZIP	County (ex: Ha	County (ex: Hamilton)	
E-mail Address	Phone ()		Date of Birt	Date of Birth (mm/dd/yyyy)		Birthplace (City and State)	
College Offered Admission Program (Major)		eshman f Campus Trar	ransfer Check here to receive information from the Office of Disability Services if you have a disability that may require special services.				
Gender Female Male—If you are 18 years or older, are you registered with the Selective Service (www.sss.gov)? If Yes, #				immediately preceding today			
Marital Status Select one or more of the following ethnicity/racial categories (optional): □ Single Ethnicity: □ Hispanic/Latino Race: □ American Indian/Alaska Native □ Black/African American □ White □ Not Hispanic/Latino □ Asian □ Native Hawaiian/Other Pacific Islander □ Other							
Academic Intentions (choose one):							
Person Providing Student's Financial Support Re	lationship	Street Address		(City	State Zip	
Parent Information: Father's Name Home Address		Employer and Position	E	Business Address	College Att	ended and Dates	
Parent Information: Mother's Name Home Address		Employer and Position	E	Business Address		College Attended and Dates	
Spouse Information: Name Home Address		Employer and Position	tion Business Address			College Attended and Dates	
High School From Which You Graduated		City, State, Zip				Graduation Year	
Have you applied to or attended UC previously?		Dates Attended		Degree(s) Earned	I		
If you have attended other colleges/universities, list their Name, City and State		Dates Attended		Degree(s) Earned	I		
Current Employer Name, City and State		Dates Employed		Phone ()		
OFFICE USE ONLY Signature		Date				1 <i>ā</i> r	

Last Updated January 2013 - UC5492

STATE

COUNTY

UNIVERSITY OF Cincinnati