

ONESTOP STUDENT SERVICES CENTER ◆ **NON DEGREE STUDENT APPLICATION**



Please complete this application in blue or black ink and return with **\$20 non-refundable application fee** to: OneStop Student Services, CPO #1380, UNC Asheville, One University Heights, Asheville, NC 28804. Incomplete applications will be returned.

APPLICATION DEADLINES: FALL SEMESTER – JULY 1 ◆ **SPRING SEMESTER – NOV 1** ◆ **SUMMER SCHOOL – MAY 1**

1. Completion of this application does not constitute regular admission to UNC Asheville.
2. Students who complete 24 hours in the non-degree status will be required to submit a degree-seeking application for admission to the university.
3. Non-degree students are not eligible for financial aid or veterans benefits, nor will they be assigned an academic advisor.
4. Non-degree students under age 24 must submit all official high school transcripts and/or any additional credentials as required by the State of North Carolina.

ENTRANCE DATE (*Check one term ONLY*)

Year 20_____ Term: Fall (August) Spring (January) Summer

- Have you ever attended UNC Asheville before? Yes No
- Have you ever been denied admission to or dismissed from UNC Asheville? Yes No
- Are you currently enrolled at another college? Yes No
- Are you eligible for readmission at the last institution you attended? Yes No

FULL LEGAL NAME (*NO INITIALS OR ABBREVIATIONS*)

_____ *last* _____ *first* _____ *middle* _____ *Jr./III/etc.* _____ *preferred name/nickname*

All legal names you have used previously _____

Social Security number _____ - _____ - _____ (*Voluntary, used for university record keeping and federal/state tax reporting*)

CURRENT MAILING ADDRESS:

_____ *street / P.O. box* _____ *county*

_____ *city* _____ *state* _____ *ZIP (9-digit)* Valid until _____ *(month/day/year)*

Home phone _____ / _____ Other phone _____ / _____ E-mail _____

PERMANENT MAILING ADDRESS:

(if different from above) _____ *street / P.O. box* _____ *county*

_____ *city* _____ *state* _____ *ZIP (9-digit)* _____ *country(international student)*

Home phone _____ / _____ Other phone _____ / _____ Length of time at this address _____

If less than 12 months, indicate previous address and length of time there years/months) _____

BILLING MAILING ADDRESS: PLEASE INDICATE WHICH ADDRESS TO USE FOR BILLING Mailing Permanent

POST-SECONDARY INFORMATION

List all colleges/universities (most recent first) you have ever attended for any length of time, whether or not you completed a term.

NAME OF INSTITUTION (no abbreviations)	LOCATION (city, state)	DATES ATTENDED (mo/yr-mo/yr)	DEGREE SOUGHT	DATE DEGREE RECEIVED (mo/yr)
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If you need more space, please list institutions in the above format on a separate sheet titled Additional Information.

HIGH SCHOOL	name	city/state	graduation date
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IMMUNIZATIONS REQUIRED FOR ADMISSION TO UNC ASHEVILLE

North Carolina law requires that students entering college must have certain required immunizations. Immunization records must be kept on file at the college. Enrolled students are required to present proof of immunization prior to the time of registration. Failure to properly fulfill the state requirements will lead to dismissal from the university.

APPLICANT'S AFFIRMATION

I certify the above to be correct and authorize the secondary schools and/or colleges I have attended to release transcripts, test scores, recommendations and other information required by the University of North Carolina at Asheville. I understand that all credentials submitted in support of this application become the property of the university and are not returnable. I have not omitted any previous colleges of attendance. I agree to conform to the rules and regulations of the university. Any additions or changes in the information provided on this application must be submitted in writing to the OneStop Student Services Center prior to enrollment. I understand that my failure to provide complete, accurate and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

APPLICANT'S SIGNATURE _____ DATE _____

Application must be signed and dated. An incomplete application will be returned to you for completion, thereby delaying action on your application.

The University of North Carolina at Asheville is committed to equality of educational experiences for students and is an Equal Opportunity Institution.

For office use only:

Date Received _____ Appl. fee _____ Date entered _____

Res: IS _____ OS _____ Classification _____ RR _____

Dec. _____ ALSC _____ Date _____ Note _____

Revised September 2009