



Office of Admissions and Records
University of Nevada, Reno
Mail Stop 120
Reno, Nevada 89557-0002
775-784-4700
Fax 775-784-4283

APPLICATION FOR ADMISSION

I. **General Instructions:** Each individual must submit an Application for Admission, and provide all other required documents.

II. **Application Credentials:** A completed file includes the following items:

- **APPLICATION FOR ADMISSION:** All information must be accurate, complete and legible.
- **APPLICATION FEE:** Nonrefundable. Make checks or money orders payable to the "Board of Regents". Submit the fee payment and the Application for Admission directly to:

Cashier's Office/124
University of Nevada, Reno
Reno, Nevada 89557

No fee is required for returning students.

- **IMMUNIZATION:** All applicants born in 1957 or later must provide documentation of immunization for two doses of Measles, Mumps, Rubella (MMR) and one Diphtheria/Tetanus (within the last ten years). If you were born before 1957, documentation for a Diphtheria/Tetanus within the last ten years is required. Documentation should be forwarded directly to the Office of Admissions and Records unless otherwise notified. If documentation of immunizations is not received, a registration hold may be placed on the student's record.
- **RESIDENCY STATUS:**
Nondegree students and returning students—The Board of Regents policy requires proof of Nevada residency if absent from the university.
New Graduate Specials—The Board of Regents requires proof of Nevada residency for all new applicants.

APPLICATION FOR ADMISSION

Spring
 Fall
 Year _____



Type of admission sought: (Note—Enrollment in graduate level courses numbered 500-799, requires an earned bachelor's degree from a regionally accredited institution.)

NEW
 Graduate Special
 Nondegree

RETURNING
 Nondegree
 Graduate Special
 Undergraduate

- All new students, application fee required.
- Change of program forms are available for students requesting a major change.
- Nondegree students, maximum enrollment of six undergraduate credits per semester.

Please see reverse side for directions and important information. Please complete this form by typing or printing in ink.

I. Personal Information (give full legal name)

1. Name: _____				2. _____		
<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Former Name(s)</small>	<small>Social Security Number</small>		
3. Mailing Address: _____						
<small>Number and Street</small>		<small>City</small>	<small>County</small>	<small>State or Country</small>	<small>Zip Code</small>	
4. Phone: (____) _____		5. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Birthdate: _____		
<small>Area Code</small>				<small>Month</small>	<small>Day</small>	<small>Year</small>
6. Applicant's Place of Birth: _____						
<small>City</small>			<small>County</small>	<small>State or Country</small>		

II. Demographic Information

7. Emergency Contact Name: _____			Relationship: _____			
<small>Last</small>	<small>First</small>	<small>Middle</small>				
8. Address: _____			9. Phone: (____) _____			
<small>Number and Street</small>		<small>City</small>	<small>State or Country</small>	<small>Zip</small>	<small>Area Code</small>	
10. Ethnic Origin (check one, optional): <input type="checkbox"/> Native Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> White/non-Hispanic <input type="checkbox"/> Other						
11. Attach verification of immunizations; list dates immunized: MMR _____ MMR _____ DPT _____						
<small>Please refer to immunization information on reverse side.</small>			<small>1st dose</small>	<small>2nd Dose</small>	<small>Within last 10 years</small>	

III. Residency Information

Please refer to residency information on reverse side.

12. Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Specify: _____	If Foreign Visa: Type: _____	Expires: _____
13. Permanent Resident: <input type="checkbox"/> Yes		Resident Alien #: _____	Expires: _____	
<small>Attach a copy, front and back, of resident alien card.</small>				

IV. Previous Education

14. High School attended _____		Graduation Date: _____					
<small>Name</small>	<small>Location</small>						
15. List below, in chronological order, all colleges where you have registered. If none attended, check here <input type="checkbox"/> . Include University of Nevada enrollment information.							
		Dates Attended					
<small>From</small>	<small>To</small>						
<small>Month</small>	<small>Year</small>	<small>Month</small>	<small>Year</small>				
<small>Major</small>	<small>Degree</small>	<small>Graduation Date</small>					
_____ <small>Name of School/State</small>	_____ <small>Month</small>	_____ <small>Year</small>	_____ <small>Month</small>	_____ <small>Year</small>	_____ <small>Major</small>	_____ <small>Degree</small>	_____ <small>Graduation Date</small>
_____ <small>Name of School/State</small>	_____ <small>Month</small>	_____ <small>Year</small>	_____ <small>Month</small>	_____ <small>Year</small>	_____ <small>Major</small>	_____ <small>Degree</small>	_____ <small>Graduation Date</small>
_____ <small>Name of School/State</small>	_____ <small>Month</small>	_____ <small>Year</small>	_____ <small>Month</small>	_____ <small>Year</small>	_____ <small>Major</small>	_____ <small>Degree</small>	_____ <small>Graduation Date</small>
16. Are you currently enrolled in an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and location: _____							

V. Applicant's Certification

I certify the information provided on this application is accurate and understand that all required credentials must be submitted before an admission decision may be made. I accept complete responsibility for requesting that official transcripts of record be forwarded directly to the Office of Admissions and Records from each school attended, whether credit was earned or not, and fully understand that these transcripts are not returnable and cannot be reproduced. Furthermore, I agree to abide by all the rules and regulations of the University of Nevada, Reno.

Signature: _____ Date: _____

Receipt Number