

Office of the Registrar ~ Fort Hays State University 600 Park Street ~ Hays, KS 67601-4099 1-800-628-FHSU or (785) 628-4222

The application for admission is also available online at www.fhsu.edu/admissions.

This completed application must be returned with a \$30 application fee (\$50 for international students).

APPLICATION FOR UNDERGRADUATE ADMISSION

PERSONAL INFORMATION: (Please TYPE or PRINT all items) Legal name: LAST **FIRST** MIDDLE MAIDEN PREVIOUS NAMES Mailing address: STREET CITY/STATE ZIP CODE COUNTY **COUNTRY** E-mail address Cell phone number w/area code (Home phone number w/area code (Questions regarding gender and race are optional. This information assists in ensuring equal educational opportunities. ☐ Male ☐ Female 3. Gender: 4. Ethnicity: Are you Hispanic or Latino (Spanish Origin)? ☐ Yes ☐ No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) All applicants, including Hispanic or Latino, must select one or more races from the following five racial groups: ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment) ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam) ☐ Black or African American (A person having origins in any of the black racial groups of Africa) ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa) 5. Social Security Number: - - (REQUIRED) You must provide your social security number as part of the application process. Your social security number will not be released to agencies outside the university and it will not be used as your student identification number. You will be assigned a random eight digit Fort Hays State University student identification number when we process your application. 6. Date of birth STATE 7. Date you wish to enroll: \square Fall (August) \square Spring (January) \square Summer (June-July) Year 8. Do you plan to earn a degree from FHSU? ☐ Yes ☐ No If yes, indicate major you wish to study: (Please refer to University Catalog) 9. Parent(s) or guardian(s) name ☐ Mr. ☐ Ms. ☐ Mr. & Mrs. MIDDLE LAST Parent address STREET OR BOX NUMBER CITY/STATE ZIP CODE PHONE NUMBER 10. Name of hometown newspaper (where you wish your news to appear) NEWSPAPER 11. First Generation College Student Information: Which best describes the level of education attained by your parents? A. Both parents have a high school diploma or less. □

B. One or both parents have some college experience but neither have attained a bachelor's degree.

C. One or both parents have earned a bachelor's degree or higher.

12. Are you a U.S. citizen? ☐ Yes ☐ No If no If you are a permanent resident alien, please	o, country of citizenship	number:	
You must provide a copy of your alien registr	ration card to the FHSU Registra	ar's Office.	
13. Are you a resident of the state of Kansas? □	Yes No		
If yes, when did you begin living continuous	ly in Kansas?/	_/	
	MONTH DAY	YEAR	
14. Are you currently, or have you ever been, on full If yes, give dates of service/_	_ to/ If yes.		
MONTH YEAR	MONTH YEAR		
If on active duty, is your duty station Kansas			
Are you a dependent or spouse of an active fu Are you or your spouse an employee of a Kar Will you or your spouse or your parents move ☐ Yes ☐ No	nsas Regent university or are yo	u a dependent of one? ☐ Yes ☐ No	er FHSU
HIGH SCHOOL INFORMATION:			
(All freshmen are required to have a high school	transcript or GED on file with t	heir application)	
15. High School	•	,	
NAME OF HIGH SCHOOL		CITY STATE	-
Are you a high school graduate? ☐ Yes ☐ N	No Actual or expected	date of graduation	
		MONTH/YEAR	
Do you have a GED? ☐ Yes ☐ No	If yes, date GED was	awarded	
Please submit a copy of your GED certificate.			
Date you completed or plan to complete the All freshmen under the age of 21 must complect classes.	ete the American College Test A	ssessment (ACT) to be advised and se	elect
TRANSFER SCHOOL INFORMATION: You are required to list all colleges previously atter each institution to mail official transcripts to the Re also be mailed to the Registrar's Office at the con-	egistrar, Fort Hays State Universi	e college you are currently attending. Ity. If currently enrolled, a final transcri	Request ipt must
16. List all colleges/universities attended even if	no credit was earned.		
Name of Institution	City and State	Dates of Credit Hours	
ranie or institution	City and State	Attendance Earned	
17. Application fee: For admission, send \$30 (\$5 or money order payable to Fort Hays State Un Visa, MasterCard, Discover or American Expression Usa MasterCard Card number	niversity, Registrar's Office, 600 ess number and expiration date. Discover	Park Street, Hays, KS 67601-4099, or DO NOT SEND CASH.	eck
18. Required signature: I certify the information prints of the signature of the false or misleading, this fact alone with the cancelled. I understand and agree me and Fort Hays State University arise that Kansas courts shall have exclusive out of any aspect of my education at Fort Hays	oplication is a legally binding ill be sufficient cause for my a that the laws of the State of ing out of any and all aspec jurisdiction over any lawsui	document and if this information is dmission to be revoked and my enrolf Kansas apply to any dispute be ets of my education through FHS	ollment etween U, and
		Notice of Nondiscrimination Fort Hays State University does not dis the basis of sex, race, religion, national	l origin, age
Signature	Date	disability, Vietnam era veteran status or abled veteran status in its programs and ac director of affirmative action, coordinato Title VI, Section 504 and ADA regulati contacted at (785) 628-5824.	ctivities. The or of Title IX

RESIDENCY: