



# The University of Akron Cuyahoga Community College



## Undergraduate Dual Admissions Form

Please return to: Enrollment Center at one of the Tri-C campuses; or mail to: The University of Akron Office of Admissions, 302 Buchtel Ave, Akron, OH 44325-2001

### I. PERSONAL INFORMATION

Name (as it appears on official documents)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Former Last Name \_\_\_\_\_

Tri-C ID # \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_  
Month/Day/Year

Are you a U.S. citizen?  Yes  No

Residency: Are you an Ohio resident?  Yes  No If yes, in which Ohio County do you reside? \_\_\_\_\_

How many consecutive years/months have you been a resident of Ohio? \_\_\_\_\_

### II. CONTACT INFORMATION

Home Address

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ County (Ohio) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ County (Ohio) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

Are either of your parents or legal guardians a graduate of The University of Akron?  Yes  No

### III. ENROLLMENT PLANS

Anticipated semester you plan to enroll at The University of Akron (Check one and fill in a year)  Fall  Spring  Summer Year 20 \_\_\_\_\_

Intended Major/Program at The University of Akron: *(Refer to the list of undergraduate majors at uakron.edu/academics)*

\_\_\_\_\_

Undecided, still exploring my options

Intended Program at Cuyahoga Community College: Associate of \_\_\_\_\_

I plan to live on campus  Yes  No  Undecided \_\_\_\_\_

Are you a United States Veteran?  Yes  No

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## IV. EDUCATION HISTORY

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduation Date \_\_\_\_\_

List all Colleges/Universities attended:	City/State	Mo / Yr		Mo / Yr		# Hours	Degrees Awarded

I certify to the best of my knowledge the information is true. I understand that any misrepresentation of facts on this form could be cause for refusal of admission, cancellation of admission or suspension/dismissal from the University if discovered subsequently.

As a participant in the Dual Admissions program, I authorize The University of Akron and Cuyahoga Community College to share any necessary information and documentation about my education records with each other. I understand that I have the ability to revoke this authorization at any time.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** A Dual Admissions program student must also submit an Intent to Enroll Form one semester prior to enrollment to UA. This form can be found on both the UA and the Cuyahoga Community College websites.

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**Questions:**

Transfer and Adult Student Enrollment Center  
The University of Akron  
Phone: 330-972-7009  
Email: [transfer@uakron.edu](mailto:transfer@uakron.edu)

Office of the Registrar  
Cuyahoga Community College  
Phone: 216-987-6000  
Email: [RegistrarOffice@tri-c.edu](mailto:RegistrarOffice@tri-c.edu)