



The Ohio State University Application for U.S. Students: Graduate NonDegree

Use this form if you are a U.S. citizen or if you have been granted permanent resident, refugee, or asylee status. Type or print clearly using dark blue or black ink.

Full legal name _____
Last or Family Name/Surname First or Given Name Middle Initial U.S. Social Security Number (optional)

Please provide any other names (different from above) that may appear on test scores or transcripts:

Date of birth ___/___/___ **Gender** Male Female
mo day yr

Dates you have lived in Ohio: Never From birth to present From ___ to ___ From ___ to present
mo yr mo yr mo yr

Ethnic Background (optional):

Black, non-Hispanic American Indian or Alaskan native Asian or Pacific Islander Hispanic White, non-Hispanic

Country of Citizenship _____ **Is English your native language?** Yes No

If you are not a U.S. citizen, what is your residency status? (check one below, and provide alien number and date approved)

Permanent Resident of the U.S., or Refugee, or Asylee

Alien/File # A _____ **Date status approved** ___/___/___
mo day yr

Note: If your application for U.S. asylee or permanent resident status is pending, you must apply using the Graduate NonDegree Application for International Students.

Desired Quarter /Year of Enrollment: Autumn Winter Spring Summer **Year:** 20_____

Campus of Enrollment: Columbus Lima Mansfield Marion Newark

Present Address

(Street and house number) **Phone:** _____
(Area code and number)

(City) (State) (Zip) (Country or territory) (County if Ohio)

I expect to be at my present address: Indefinitely, or until ___/___/___
mo day yr

E-mail: _____ **Fax:** _____ **Work Phone:** _____
(Area code and number) (Area code and number)

Home/Permanent Address (If different from above)

(Street and house number)

(City) (State) (Zip) (Country or territory) (County if Ohio)

Phone: _____ **Fax:** _____
(Area code and number) (Area code and number)

Emergency contact person: (Name) _____

(Street and house number) **Phone** _____
(Area code and number)

(City) (State) (Zip) (Country or territory) (County if Ohio)

Ohio residency information

- Yes No Will you have resided in Ohio for 12 consecutive months prior to the quarter in which you intend to enroll? If so, about when did your Ohio residency begin?
(month) _____ (year) _____.
- Yes No Are you self-supporting and have you filed an income tax return in Ohio for the past calendar year?
- Yes No Are you financially supported by a person who has resided in Ohio for the past 12 consecutive months and claimed you as a dependent for income tax purposes.
- Yes No Are you a dependent child of a parent/legal guardian or a spouse of a person who has accepted full-time employment in Ohio?
- Yes No If male, aged 18 to 26, have you registered with the U.S. selective service? Your Selective Service No.: _____

Office Use Only	Date Application Received
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Previous education

Have you ever registered and paid fees at OSU? No Yes

If yes, what was your most recent enrollment? Quarter ____ Year: ____ College: _____

Have you requested a transfer from one OSU enrollment unit (college, school, or division) to another within the past year? No Yes

Please provide information below for each college, university or school attended, listing the most recent first. Consult the enclosed Application Information for Graduate Nondegree to determine what documents are acceptable as proof of degree.

Institution	City and State Where Attended	Attendance Dates		Major	Name of Degree (e.g., B.A., B.S., Ph.D)	Date of Award	Grade Point Average (GPA)
		To	From				

OFFICE USE ONLY
 I have verified that the applicant has provided proof of _____ (degree) from _____ (institution).
 This applicant qualified for admission as a Graduate NonDegree student. Authorized by (print name) : _____
 Signature: _____
 Date: _____

Information for Registration:

If you are participating in a special program or workshop, please specify: _____

OFFICE USE ONLY Course Dept. Sat	No.	COURSE REQUESTS FOR WORKSHOPS, CONTRACTS, ETC.												
		Credits	Six-digit call number	Option	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.				

Fee options

Health Insurance: You are automatically enrolled in single Comprehensive coverage if enrolled at least half time (five hours) each term, unless you complete the online waiver form by the deadlines. You will be required to provide proof of comparable coverage with the waiver request. The online waiver form is located at www.ureg.ohio-state.edu. Information regarding the health insurance requirement, the Student Health Insurance Plan, and the deadline for enrollment/withdrawal is located at www.shc.ohio-state.edu/shi.

Scholarship and Loan: Add \$2 to my fees for Scholarship and Loan Funds to aid economically disadvantaged students

Method of tuition payment: Check Fee authorization to be provided by: _____ (name source)

Other information

Have you ever pled guilty to or been convicted of a felony, or is any felony charge currently pending against you? Yes No (if yes, the Graduate Admissions Office will contact you for information.)

Have you ever been suspended or dismissed for any disciplinary or academic reason from any college, university, or other post-secondary institution, or is any disciplinary charge from any such institution currently pending against you? Yes No (if yes, the Graduate Admissions Office will contact you for information.)

Read and sign below:

Restrictions of Nondegree Student Status:
 As a Graduate Nondegree student, you are not eligible to pursue a master's or doctoral degree at Ohio State. In order to be eligible to pursue a graduate degree, you must apply and be admitted as a regular (degree-seeking) graduate student. Graduate School rules allow for a maximum of 10 hours of Graduate Nondegree coursework to apply toward the requirement for a graduate degree if a student is later admitted. Within this 10-hour limit, approval to count Graduate Nondegree coursework rests with the Graduate Studies Committee of the student's program.

Certification of Truth Statement:
 By signing my name below, I affirm that the information I have provided on this application, and any other information I have submitted or will submit to The Ohio State University in connection with the admission process, is complete and accurate. I understand that submission of incomplete or inaccurate information is sufficient cause for revocation of admission or enrollment. I authorize each academic institution I have attended to release my academic and personal information to Ohio State in connection with the admission process.

Your Signature: _____ Today's Date _____