



## APPLICATION INSTRUCTIONS

You may complete this application online at [admissions.unca.edu](http://admissions.unca.edu)

Please read the section that applies to you. Detach these instructions before sending in the application. If you have questions, call 828/251-6481 or 1-800/531-9842. **Return the completed and signed application to:** Office of Admissions, CPO #1320, UNC Asheville, One University Heights, Asheville, NC 28804-8502.

## FALL 2017 APPLICATION DEADLINES & NOTIFICATION DATES

To ensure careful consideration of your application, please submit all materials by the following deadline dates:

	Deadlines	Notification Dates (Week of)
Freshmen (Early action and to be considered for Pisgah Scholarship)	Nov. 15, 2016	Dec. 15, 2016
Freshmen (Regular decision)	Feb. 15, 2017	March 15, 2017
Transfers	April 15, 2017	Rolling
Teacher Education, Post-Baccalaureate	June 2, 2017	Rolling
International	April 1, 2017	Rolling

## SPRING 2016 APPLICATION DEADLINES & NOTIFICATION DATES

	Deadlines	Notification Dates
Freshmen, Transfers, Teacher Education, Post Baccalaureate	Nov. 15, 2016	Rolling
International	Oct. 1, 2016	Rolling

## ALL APPLICANTS

- Completed Application for Admission.** Decisions will not be made on incomplete applications. *Your failure to provide complete, accurate and truthful information on this application will be grounds to deny or withdraw your admission, or dismiss you after enrollment.*
- \$75 application fee.** This is a non-refundable processing charge and does not apply to any other university fee.
- Faxed copies of this application or any required documents are not accepted.

## FRESHMAN APPLICANTS

Along with your complete application, all applicants for admission as new freshmen must submit the following items by the appropriate deadline:

- Official high school transcript** mailed by your school counselor, that includes your high school studies through the date of application, your grade-point average and your class rank. (This should be submitted with the Transcript Supplement and Counselor Statement listed below.)
- Transcript Supplement and Counselor Statement.** To be submitted by your counselor or teacher with your high school transcript.
- Official SAT Reasoning Test or ACT.** These scores are to be sent directly from the testing agency to UNC Asheville (SAT Code 5013 and ACT Code 3064). If you did not report your scores to UNC Asheville at the time of testing, please contact the College Board at [www.collegeboard.com](http://www.collegeboard.com), call 609/771-7600, or write College Board, Box 592, Princeton, NJ 09540. For the ACT: [www.act.org](http://www.act.org), call 319/337-1000, or write P.O. Box 168, Iowa City, Iowa 55243-0168.
- Essay** (See topic and instructions on application.)
- After graduation, you must submit a **final high school transcript** showing your date of graduation, final grade-point average and class rank.

## HOME SCHOOL APPLICANTS

Please follow instructions for Freshman applicants with an additional requirement of a copy of the registration with the North Carolina Department of Non Public Education (NC residents only). Non-North Carolina applicants should submit official documentation indicating approval to provide home school instruction.

Official transcript(s) should include notarized signature of home school official. All courses, grades and units of credit must be recorded on the transcript.

## TRANSFER APPLICANTS

All applicants for admission as transfer students must submit the following prior to the appropriate deadline:

- Official college transcripts from ALL institutions attended**, including those attended on a correspondence or extension basis. Contact the Registrar at each institution you have attended and request that an official transcript be sent directly to the UNC Asheville Office of Admissions.
- Transfer Student Academic and Disciplinary Form – To be completed by a school official at the current or last school attended.**
- One official high school transcript** unless you have earned an A.A., A.S. or A.F.A. degree, or are 24 years of age or older at the time of application.
- Essay** (See topic and instructions on application)
- Additional information (i.e. SAT/ACT scores) may be requested upon initial review of application.

### UNC ASHEVILLE RETURNING STUDENTS

UNC Asheville students who interrupted their education and did not enroll at another institution should complete the Application for Readmission (available on our website: [www.unca.edu/admissions/apply/other-students](http://www.unca.edu/admissions/apply/other-students)).

Former UNC Asheville students who interrupted their education and enrolled at another institution should check "Transfer" in the Entrance Status section on page 1 and must submit the following:

1. **Completed Application for Admission, including \$75 application fee.**
2. **An official transcript from each institution attended since your last semester of enrollment at UNC Asheville.**
3. **Official College Level Examination Program (CLEP) scores, if you took any CLEP exams since your last enrollment at UNC Asheville**

### TEACHER EDUCATION STUDENTS WHO HOLD BACCALAUREATE DEGREES

**If you hold a baccalaureate degree and wish to pursue teacher licensure, please check "Teacher Licensure" on page 1, Entrance Status section. The \$75 application fee is required.** Follow the instructions for Transfer Applicants on the previous page, excluding the requirement for the high school transcript and Transfer Student Supplement Form.\*

### POST-BACCALAUREATE STUDENTS

**Post-Baccalaureate, Seeking Second Degree.** Check this box on the application if you plan to pursue a second baccalaureate degree.

*\*The essay, high school transcript, and Transfer Student Supplement Form are not required for Teacher Licensure or Post Baccalaureate applicants*

### INTERNATIONAL STUDENTS

Please visit [www.unca.edu/admissions](http://www.unca.edu/admissions) for specific information.

**Important:** Application deadlines for international students are **April 1** for the Fall semester and **Oct. 1** for the Spring semester.

### FINANCIAL AID & SCHOLARSHIP DEADLINES

**Pisgah Scholarship Program** (incoming fall freshmen only) • **For consideration for Laurels, your application status must be complete status by the Early Action deadline (November 15, 2016).**

### FAFSA Priority Filing Date

December 1, 2016, is the filing deadline to receive priority consideration for need-based scholarships, federal and state grants and work-study positions. The Free Application for Federal Student Aid (FAFSA) must be received and processed by the Federal Processor no later than December 1 in order to receive priority consideration for financial aid and other need-based scholarships. **UNC Asheville's FAFSA School Code is 002907.**

### PLEASE KEEP THIS FORM FOR YOUR RECORDS

**OFFICE OF ADMISSIONS APPLICATION FOR ADMISSION**

Please complete the application in black or blue ink and return with a **non-refundable** \$75 application fee to: Office of Admissions, CPO #1320, UNC Asheville, One University Heights, Asheville, NC 28804-8502.



**ENTRANCE DATE (Check one term ONLY)**

Year 20\_\_\_\_ Term:  Fall (August)  Spring (January)  Summer (**POST BACCALAUREATE AND TEACHER LICENSURE ONLY**)

**ENTRANCE STATUS**

(Check one. Multiple selections can result in delay of processing. For explanation, see page 2 of Application Instructions.)

- Freshman  Transfer  Teacher Licensure - Area and grade level: \_\_\_\_\_
- Post-Baccalaureate, Seeking Second Degree

Have you applied for admission to UNC Asheville in the past?  No  Yes, dates \_\_\_\_\_

Have you previously taken classes at UNC Asheville?  No  Yes, dates \_\_\_\_\_

Have you ever been dismissed from UNC Asheville?  No  Yes, date \_\_\_\_\_

Explanation: \_\_\_\_\_

**FULL LEGAL NAME – PLEASE PRINT (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 (Required) \_\_\_\_\_ / \_\_\_\_\_ Other phone \_\_\_\_\_ / \_\_\_\_\_ E-mail (Required) \_\_\_\_\_

**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 \_\_\_\_\_

**RESIDENCY STATUS**

Your residency for tuition purposes determines your in-state or out-of-state status and may impact your admission, tuition, scholarship or financial aid eligibility. North Carolina residency for tuition purposes is governed by North Carolina state law. More information about North Carolina residency for tuition purposes can be found at [www.ncresidency.org](http://www.ncresidency.org).

**Do you claim to be a North Carolina Resident?**

- Yes I claim to be a North Carolina resident for tuition purposes.\*
- No I do not claim North Carolina residency for tuition purposes. I understand I will be charged the non-resident tuition rate if enrolled at a North Carolina state-supported institution.

\*If you claim to be a resident, you must complete the residency process with the Residency Determination Service (RDS) at [www.ncresidency.org](http://www.ncresidency.org). You will receive a Residency Certification Number (RCN) which should be entered onto your application or provided directly to the Registrar's office, when available.

Residency Certification Number (RCN): \_\_\_\_\_

**PERSONAL DATA**

Date of birth \_\_\_\_\_ City and state of birth \_\_\_\_\_ Country \_\_\_\_\_ Sex:  Male  Female  
*mm/dd/yyyy For International Students*

**Ethnicity** (Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race)

Are you Hispanic or Latino?  Yes  No

American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander

Caucasian/White  Other (specify) \_\_\_\_\_

If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?

Never served  Currently Serving  Honorably Discharged  Other than Honorable Discharge

**HIGH SCHOOL INFORMATION**

Last high school attended \_\_\_\_\_

\_\_\_\_\_ *Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
High school College Board code number \_\_\_\_\_ Graduation date \_\_\_\_\_  
Name of school counselor \_\_\_\_\_ High school phone \_\_\_\_\_ / \_\_\_\_\_

List all previous high schools you have ever attended for any length of time, whether or not you have completed a term.

High School Name	City, State	Dates Attended (m/yr-m/yr)	High School College Board Code Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Current High School Courses**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you plan to, or have you taken the:

SAT Reasoning test?  No  Yes, dates (mo/yr) \_\_\_\_\_

ACT with Writing test?  No  Yes, dates (mo/yr) \_\_\_\_\_

TOEFL?  No  Yes, dates (mo/yr) \_\_\_\_\_

Advanced Placement (AP) exam?  No  Yes, dates (mo/yr) \_\_\_\_\_

International Baccalaureate (IB) exam?  No  Yes, dates (mo/yr) \_\_\_\_\_

*(In order to receive credit for AP or IB tests, an official score must be mailed to UNC Asheville.)*

General Education Development (GED)?  No  Yes, dates (mo/yr) \_\_\_\_\_

Have you taken college courses while enrolled in high school?  No  Yes, dates (mo/yr)–mo/yr \_\_\_\_\_

Name of College \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

Course(s) taken \_\_\_\_\_

## ACTIVITIES AND INTERESTS

Use this space to explain, in 150 words or less, any extra-curricular activities in which you have been involved. List your co-curricular activities, employment, community service, and/or honors you received during high school or at a previous college. If you need additional space, please attach a separate listing on a page labeled Activities and Honors.

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### Academic Interest Areas

1. \_\_\_\_\_ 2. \_\_\_\_\_

Have you participated in any of the following: (check all that apply):  Chorus  Band  Orchestra  Jazz Ensemble  Marching Band

Do you play a musical instrument?  No  Yes, if yes, which instrument? \_\_\_\_\_

Are you a National Merit Semifinalist?  No  Yes

Have you participated in a college access program, such as AVID, Gear Up, or College Summit?  No  Yes

If yes: Program \_\_\_\_\_ Sponsoring Organization \_\_\_\_\_

Have you participated in one of UNC Asheville's Summer Youth Programs?  No  Yes

If yes: Program \_\_\_\_\_ Year \_\_\_\_\_

If you are currently being recruited by the UNC Asheville Athletic Department, what is your NCAA Clearinghouse Number?  
\_\_\_\_\_ (10 characters maximum)

Sport:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Basketball (Men's)   | <input type="checkbox"/> Soccer (Men's)          | <input type="checkbox"/> Indoor Track (Men's)    |
| <input type="checkbox"/> Basketball (Women's) | <input type="checkbox"/> Soccer (Women's)        | <input type="checkbox"/> Indoor Track (Women's)  |
| <input type="checkbox"/> Baseball             | <input type="checkbox"/> Volleyball (Women's)    | <input type="checkbox"/> Outdoor Track (Men's)   |
| <input type="checkbox"/> Tennis (Men's)       | <input type="checkbox"/> Cross Country (Men's)   | <input type="checkbox"/> Outdoor Track (Women's) |
| <input type="checkbox"/> Tennis (Women's)     | <input type="checkbox"/> Cross Country (Women's) | <input type="checkbox"/> Swimming (Women's)      |

## REQUIRED INFORMATION

*In an effort to maintain a safe learning community, we must ask the following questions of all applicants. For the purpose of the following questions, "crime" or "criminal charge" refers to any crime other than a traffic related misdemeanor or an infraction. You must, however, include any alcohol or drug related offenses whether or not they are traffic related incidents. Answering "yes" to any of the following questions may not necessarily preclude your being admitted. However, failing to answer these questions, or failing to respond completely, accurately, and truthfully, may be grounds to deny or withdraw your admission or to dismiss you after enrollment.*

*If you answer "yes" to any of these questions, please provide a written explanation that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience. The university reserves the right to require an additional statement from an appropriate official corroborating your account, either before acting on your application or before permitting you to enroll. Your failure to provide such a statement upon request may be grounds to deny or withdraw your admission or to dismiss you after enrollment.*

*You are required to notify the university immediately and in writing of any new or pending criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge, or any non-routine absence from school, that occurs at any time after you submit this application and prior to enrollment. Your failure to do so may be grounds to deny or withdraw your admission or to dismiss you after enrollment.*

**Please initial indicating you have read the instructions** \_\_\_\_\_

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  No  Yes

2. Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime?  No  Yes

[Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

3. Do you have any criminal charges pending against you?  No  Yes

4. Have you entered a plea of no contest or nolo contendere, or an Alford plea to a misdemeanor, felony, or other criminal charge; or received a deferred prosecution or prayer for judgment continued for such charge; or otherwise accepted responsibility for such a crime?  No  Yes

5. Have you received any type of discharge from military service “other than an honorable discharge”?

Yes

No - Never Served

No - Currently Serving

No - Honorably Discharged

6. If your education was or will be interrupted, indicate here and provide details in additional information section.

**Failure to answer questions 1–6 fully will delay the processing of your application.**

You must promptly notify the Admissions Office in writing of any criminal charge, any disposition of a criminal charge (unless the criminal adjudication or conviction has been expunged), any school, college or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. Also, students who indicate they have been convicted of a crime will be notified regarding required procedure for obtaining a criminal background check from the UNC System approved vendor.

### MILITARY STATUS FOR FINANCIAL AID AND RESIDENCY DETERMINATION

a. Are you currently serving or have you ever served in the United States Armed Forces?  No  Yes

b. Are you a dependant or spouse of a current or prior United States service member?  No  Yes

If you answered yes to question (a) above, please answer the following:

- Your Current Status:  Active Duty  NC National Guard  Other National Guard  Reservist  Separated Veteran  Retiree
- Branch of Service:  Army  Air Force  Marine Corps  Navy  Coast Guard
- Current or Last Pay Grade:  E-1  E-2  E-3  E-4  E-5  E-6  E-7  E-8  E-9  O-1  O-2  O-3  O-4  O-5  O-6  O-7  O-8  O-9  O-10  O-11  W-1  W-2  W-3  W-4  W-5
- Do you plan to use military or veterans educational benefits while enrolled at this institution?  No  Yes  Not Sure  
If yes, which benefit do you plan to use?  
 Chapter 30 – Montgomery GI Bill  
 Chapter 31 – Vocational Rehabilitation  
 Chapter 33 – Post 9/11 GI Bill  
 Chapter 35 – Dependents Education Assistance (DEA)  
 Chapter 1606 – Selected Reserves GI Bill  
 Chapter 1607 – Reserves Education Assistance Program (REAP)  
 Military Tuition Assistance  
 Military Spouse Career Advancement Accounts (MyCAA)  
 Marine Gunnery Sgt. John David Fry Scholarship  
 Not Sure

5. Your current or last permanent duty station:  Fort Bragg  Camp Lejeune  MCAS Cherry Point  MCAS New River  
 Pope Army Airfield  Seymour Johnson AFB  USCG North Carolina  Other installation outside of NC  NC National Guard  
 Other National Guard  Reservist
6. Your current or last home of record: \_\_\_\_\_
7. Your state of legal residence last claimed on your DD Form 2058 (State of Legal Residence Certificate): \_\_\_\_\_
8. Date of initial entry into military service: \_\_\_\_\_
9. Discharge or retirement date (actual or anticipated): \_\_\_\_\_
10. If discharged, your final duty station:  Fort Bragg  Camp Lejeune  MCAS Cherry Point  MCAS New River  
 Pope Army Airfield  Seymour Johnson AFB  USCG North Carolina  Other installation outside of NC  
 NA - NC National Guard  NA - Other National Guard  NA – Reservist

If you answered yes to question (b):

Please complete the following if you are the dependent or spouse of someone currently serving or who has ever served in any branch or status in the United States Armed Forces. This information will help us connect you with financial aid benefits and determine your eligibility for in-state residency.

1. Your relationship to the service member or veteran:  Dependent  Spouse
2. Current Status of Service Member:  Active Duty  NC National Guard  Other National Guard  Reservist  Separated Veteran  
 Retiree
3. Branch of Service:  Army  Air Force  Marine Corps  Navy  Coast Guard
4. Current or Last Pay Grade of Service Member:  E-1  E-2  E-3  E-4  E-5  E-6  E-7  E-8  E-9  O-1  O-2  
 O-3  O-4  O-5  O-6  O-7  O-8  O-9  O-10  O-11  W-1  W-2  W-3  W-4  W-5
5. Do you plan to use military or veterans educational benefits while enrolled at this institution?  No  Yes  Not Sure  
 If yes, which benefit do you plan to use?  
 Chapter 30 – Montgomery GI Bill  
 Chapter 31 – Vocational Rehabilitation  
 Chapter 33 – Post 9/11 GI Bill  
 Chapter 35 – Dependents Education Assistance (DEA)  
 Chapter 1606 – Selected Reserves GI Bill  
 Chapter 1607 – Reserves Education Assistance Program (REAP)  
 Military Tuition Assistance  
 Military Spouse Career Advancement Accounts (MyCAA)  
 Marine Gunnery Sgt. John David Fry Scholarship  
 Not Sure
6. Current or last permanent duty station of service member:  Fort Bragg  Camp Lejeune  MCAS Cherry Point  MCAS New River  
 Pope Army Airfield  Seymour Johnson AFB  USCG North Carolina  Other installation outside of NC  NC National Guard  
 Other National Guard  Reservist
7. Current or last home of record of service member: \_\_\_\_\_
8. What is/was the state of legal residence last claimed on his/her DD Form 2058 (State of Legal Residence Certificate)? \_\_\_\_\_
9. Date of initial entry into military service for the service member: \_\_\_\_\_
10. Discharge or retirement date of service member (actual or anticipated): \_\_\_\_\_
11. If discharged or retired, service member's final duty station:  Fort Bragg  Camp Lejeune  MCAS Cherry Point  
 MCAS New River  Pope Army Airfield  Seymour Johnson AFB  USCG North Carolina  Other installation outside of NC  
 NA - NC National Guard  NA - Other National Guard  NA – Reservist

## FAMILY DATA

**Father (or guardian)** \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street / P.O. Box City County State ZIP  
Home phone \_\_\_\_ / \_\_\_\_ Other phone \_\_\_\_ / \_\_\_\_  
Father's e-mail address \_\_\_\_\_  
State of legal residence \_\_\_\_\_ Initial date of residence in North Carolina (month/year) \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Highest level of education (colleges and degrees earned) \_\_\_\_\_

**Mother (or guardian)** \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street / P.O. Box City County State ZIP  
Home phone \_\_\_\_ / \_\_\_\_ Other phone \_\_\_\_ / \_\_\_\_  
Mother's e-mail address \_\_\_\_\_  
State of legal residence \_\_\_\_\_ Initial date of residence in North Carolina (month/year) \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Highest level of education (colleges and degrees earned) \_\_\_\_\_

**If you are married, spouse:** \_\_\_\_\_  
Last First Middle  
Address (if different) \_\_\_\_\_  
Street / P.O. Box City County State ZIP  
Home phone (if different) \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Other phone \_\_\_\_ / \_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
State of legal residence \_\_\_\_\_ Initial date of residence in North Carolina (month/year) \_\_\_\_\_  
Highest level of education (colleges and degrees earned) \_\_\_\_\_

### Relatives who attended UNC Asheville (relationships and dates)

1. \_\_\_\_\_
2. \_\_\_\_\_

**How did you first learn about UNC Asheville?**

\_\_\_\_\_

**To what other colleges are you applying?**

\_\_\_\_\_

\_\_\_\_\_

## Post-Secondary Information (Transfer, Post-Baccalaureate, and Licensure Students)

If your educational career was interrupted for more than six months, explain the circumstances as Additional Information on a separate sheet of paper.

Are you currently enrolled at another college?  No  Yes

Are you eligible for readmission at the last institution you attended?  No  Yes

Have you taken CLEP exams?  No  Yes

If yes, official score report must be forwarded directly to the UNC Asheville Office of Admissions.

List **ALL colleges/universities** (most recent first) **you have ever attended for any length of time, whether or not you completed a term**. If you need more space, please list institutions using the format below on a separate sheet titled Additional Information. **Failure to provide this accurate information could delay and/or preclude admission into UNC Asheville.**

Name of Institution (no abbreviations)	Location (city, state)	Dates Attended (mo/yr–mo/yr)	Degree Sought	Date Degree Received (mo/yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



### ESSAY (REQUIRED FOR FRESHMAN AND TRANSFER APPLICANTS)

Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story. (250 words minimum on a separate page titled Essay.)

### INTERRUPTION OF EDUCATIONAL CAREER (REQUIRED)

If your educational career was interrupted for more than six months, explain the circumstances on a separate sheet of paper titled Interruption of Educational Career

### PERSONAL STATEMENT (OPTIONAL)

If there are special circumstances related to your academic history, significant accomplishments not covered elsewhere on this application, or any other additional information in support of your application, please include them on a separate sheet of paper titled Personal Statement.

### APPLICANT'S AFFIRMATION

I certify that all the information I have given on this application is complete and correct. I understand 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 acceptance. I authorize the Office of Admissions to make reasonable inquiry, including a criminal background check, if any doubt should arise. I agree to allow the university to send information on the substance and status of my application and related information to my previous schools and to constituent campuses of the University of North Carolina. I agree that I will adhere to, and be bound by, the UNC Asheville Code of Student Conduct, as well as all other University policies, rules and regulations, and that I will uphold the highest level of academic integrity by not participating in any form of academic misconduct. I understand that I am required to notify the Office of Admissions of any change in my mail or e-mail addresses during the application process.

I hereby acknowledge that providing the Social Security number on this application is voluntary, is requested herein for record keeping purposes, and I consent to its use as a personal identifier and for verification of records for the University. (Your Social Security Number will not be used as your student identification number and will only be used in accordance with state and federal law.)

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the University and that the University may divulge the contents of the application in accordance with the Family Educational Rights and Privacy Act of 1974, as amended, if I am, or have been, in attendance at this institution.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Application must be signed and dated before we can render an admission decision. An incomplete application will be returned to you for completion, thereby delaying action on your application.

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**For Office Use Only:**      Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date Entered \_\_\_\_\_

Honors: \_\_\_\_\_ Athletic Department \_\_\_\_\_ Res. Status \_\_\_\_\_ IS \_\_\_\_\_ OS \_\_\_\_\_

Dec. \_\_\_\_\_ Adm. Off. \_\_\_\_\_ Date \_\_\_\_\_ Ltr. \_\_\_\_\_

Dec. \_\_\_\_\_ Adm. Off. \_\_\_\_\_ Date \_\_\_\_\_ Ltr. \_\_\_\_\_

Dec. \_\_\_\_\_ Adm. Off. \_\_\_\_\_ Date \_\_\_\_\_ Ltr. \_\_\_\_\_

MCR \_\_\_\_\_ / \_\_\_\_\_ Adm. Off. \_\_\_\_\_ Update \_\_\_\_\_ Adm. Off. \_\_\_\_\_

**Notations:**

**OFFICE OF ADMISSIONS**

**High School Transcript Supplement  
and  
Counselor/Teacher Statement**

(REQUIRED FOR ALL FRESHMAN APPLICANTS)



Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (Voluntary, used for university record keeping.)

TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR OR TEACHER (IF KNOWN):

Class rank: \_\_\_\_\_ Class size: \_\_\_\_\_, covering a period from \_\_\_\_\_ to \_\_\_\_\_ (mm/yyyy)

Cumulative GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from \_\_\_\_\_ to \_\_\_\_\_ (mm/yyyy)

This GPA is  weighted  unweighted The school's passing mark is \_\_\_\_\_.

**Please attach a copy of the student's senior year schedule if it is not shown on the transcript.**

HOW WOULD YOU COMPARE THE APPLICANT TO HIS OR HER CLASSMATES? (PLEASE CHECK ONLY ONE BOX IN EACH CATEGORY.)

	No Basis	Below Average	Average	Good	Excellent
1 Difficulty of student's academic program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Intellectual promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Strength of character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Commitment to leadership / public service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? \_\_\_\_\_

- Please check one of the following:
- Highly recommend this student
  - Recommend this student
  - Recommend with reservations
  - Have no basis for judgment

COMMENTS:

The Admissions Committee finds personal comments to be a very helpful guide in the admissions decision process. We greatly appreciate any additional information you would like to provide regarding this applicant. Feel free to attach a separate recommendation.

\_\_\_\_\_  
Counselor/Teacher Name and Title (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor/Teacher Signature

\_\_\_\_\_  
High School

\_\_\_\_\_  
High School Telephone Number

**RETURN TO: OFFICE OF ADMISSIONS  
CPO #1320  
One University Heights  
Asheville, NC 28804-8502  
(828) 251-6481 or (800) 531-9842  
FAX: (828)251-6482  
WWW.UNCA.EDU**

**OFFICE OF ADMISSIONS**

**Transfer Student Academic and Disciplinary Form  
(REQUIRED FOR ALL TRANSFER APPLICANTS)**



**To be completed by an official at the student's current or last school of attendance**

**To be completed by the Student:**

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Voluntary, used for university record keeping.)

Courses in Progress:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been expelled, dismissed, suspended, placed on probation or otherwise subject to any disciplinary sanction by any school, college or university?  No  Yes

I hereby agree that information concerning my academic and non-academic record may be released to UNC Asheville.

Applicant's Signature \_\_\_\_\_

Under the Family Education Rights and Privacy Act (FERPA), which gives students the right to inspect and review their education records, students waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the individuals from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you the opportunity to sign one of the following statements:

I waive my right to examine this document. \_\_\_\_\_

I do not waive my right to examine this document. \_\_\_\_\_

**To be completed by the School Official:**

The student above has applied for admission to UNC Asheville. We ask that you answer all the questions below so that the Admissions Committee can make as informed decision as possible about the student's application. Thank you in advance for your input. If you have any questions, feel free to contact the Admissions Office at (828) 251-6481 or (800) 531-9842.

Has the student been disciplined by your institution or elsewhere for academic reasons? \_\_\_\_\_  
If so, please explain on separate sheet of paper.

Has the student been disciplined for conduct other than academic reasons? \_\_\_\_\_  
If so, please explain on separate sheet of paper.

Is the student eligible to return to your institution? \_\_\_\_\_

\_\_\_\_\_  
Name of Official Completing (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Official's Telephone Number

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Please feel free to use an extra sheet of paper for any additional comments. You may also contact us if necessary.