



GRADUATE APPLICATION FOR READMISSION

UHD Office of Admissions-Graduate Admissions
 One Main Street, Suite GSB 308, Houston, Texas 77002-1001

www.gradadmissions@uhd.edu

713-221-8522

APPLICATION SHOULD BE MAILED TO THE ABOVE ADDRESS

ACADEMIC PROGRAM
(check only one)

<input type="checkbox"/>	Master of Arts in Teaching	<input type="checkbox"/>	Master of Business Administration
<input type="checkbox"/>	Master of Arts of Non- Profit Management	<input type="checkbox"/>	Master of Science in Criminal Justice
<input type="checkbox"/>	Master of Arts in Rhetoric and Composition	<input type="checkbox"/>	Master of Security Management for Executives
<input type="checkbox"/>	Master of Science in Technical Communication	<input type="checkbox"/>	Master of Science of Data Analytics

SEMESTER YOU PLAN TO ENROLL (indicate year)

UHD-ID

Fall 20____ Spring 20____ Summer 20____

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FULL LEGAL NAME (please print)

First

Middle

Last

Email

Previous last name

ADDRESS

Number/ street/ apt. number

City

County

State

ZIP code

Telephone – Home number

Telephone – Work number

Area code

Area code

EMERGENCY CONTACT INFORMATION

First

Middle

Last

Relationship:

Spouse

Guardian

Parent

Other/Relative

Other/Non-Relative

Telephone – Home number

Telephone – Work number

APPLICANT'S PLACE OF BIRTH

CITY

STATE

COUNTRY

Are you a United States Citizen? Circle one (Yes or No) If "NO", Place of citizenship: _____

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U.S. RESIDENCY INFORMATION

If you are not an U.S. citizen by birth, check one of the following and bring original documents

To the office of admissions:

Naturalized Citizen _____
I-551(Permanent Resident Card) _____
HB140 _____
VISA _____ (Indicate Type)
I-94 _____
CARD NUMBER _____
DATE ISSUED _____
DATE EXPIRES _____
OTHER: _____

MILITARY INFORMATION

Have you/ your spouse /your parent ever been a member of the U.S. Armed Forces?

_____ Yes _____ No

If "Yes", complete the following information

Date of induction: Month/Year _____

Location of induction: City _____ State _____

Date of release from active duty Month/Year _____

TEXAS RESIDENCY INFORMATION

On whom are you basing your claim of residency? (Check only one)

<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Court-appointed Guardian
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Name of the person indicated above: _____

A. Resided in Texas for the past 12 months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No If "No", where _____
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B. Been employed in Texas for the past 12 months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
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List all jobs held by the person indicated above (please list most recent job first):

Name of Company	City	State	From Month/ Year	To Month/ Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COLLEGE/UNIVERSITY

List all colleges/universities you have attended since you last attended UH-DOWNTOWN. You must submit official transcripts for each school listed. Include attendance at any of the UH System campuses. **DO NOT ABBREVIATE SCHOOL NAMES.**

School or Institution	City	State	From (Mth/ Yr.)	To (Month/ Year)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ETHNIC CODE: The following items are required by the U.S. Department of Education under the provisions of the Title VI of the Civil Rights Act and may not be used for discriminatory purpose:

____ 1. White/ Non- Hispanic ____ 2. Black/ African Amer. ____ 3. Hispanic 4. ____ Asian/ Pacific Islander 5. ____ Native Amer/Alaska

GENDER 1. Male ____ 2. Female ____ **DATE OF BIRTH** Month ____ Day ____ Year ____

Certification: I hereby agree to abide by all rules and regulations of the University of Houston-Downtown, if accepted as a student. I certify this information is correct. I understand that misrepresentation; omission of information, or failure to submit transcripts from all colleges and/or universities may be cause for denial of admission or dismissal and loss of semester credit hours, if I have already registered for class.

Signature _____ **Date** _____