



# GRADUATE APPLICATION UPDATE FORM

UHD OFFICE OF ADMISSIONS-GRADUATE ADMISSIONS  
ONE MAIN STREET, SUITE GSB 308 , HOUSTON, TEXAS 77002-1001  
713-221-8093 (MAIN) 713-223-7468 (FAX)  
[www.uhd.edu/admissions/graduate](http://www.uhd.edu/admissions/graduate)

If you submitted your initial Graduate Admissions Application more than one (1) year ago, **DO NOT COMPLETE THIS FORM TO UPDATE TO A NEW SEMESTER.** Your initial application is valid for one year only; you must now submit a new application for admission at [www.applytexas.org](http://www.applytexas.org).

**Section I: (Complete only if you are changing semester of attendance.)**

<b>Semester Initially Applied for:</b> Fall 20 ____ Spring 20 ____	<b>Semester Updating to:</b> Fall 20 ____ Spring 20 ____
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**Section II: Complete only if you are changing programs. Change of Academic Program (select one):**

<input type="checkbox"/>	Master of Arts in Non-Profit Management ( MANPM)
<input type="checkbox"/>	Master of Arts in Rhetoric & Composition (MARC)
<input type="checkbox"/>	Master of Arts in Teaching (MAT) Dual Certification ____ __ MATC (Curr. & Instru.) __ MATE (Elem. Ed.) __ MATS (Secondary Ed.) __ MATB (Bilingual Ed.)
<input type="checkbox"/>	Master of Business Administration (MBA) <b>Concentration:</b>
<input type="checkbox"/>	Master of Science in Criminal Justice (MSCJ)
<input type="checkbox"/>	Master of Science in Data Analytics (MSDA)
<input type="checkbox"/>	Master of Science in Technical Communication (MSTC)
<input type="checkbox"/>	Master of Security Management for Executives (MSME)

**Section III: (Must be completed by student.)**

UHD ID: 900 _____	DOB: _____	
Last Name: _____	First Name: _____	MI: _____
Address: _____		
City: _____		
State: _____		
Zip: _____		
Home Telephone: (____) _____ - _____		
Cell Phone: (____) _____ - _____		
E-Mail Address: _____		

**Please answer the following:**

Have you attended any other colleges or universities since you last applied to UHD? \_\_YES \_\_NO  
*If yes, you must submit official transcripts for each school.*

Where? \_\_\_\_\_ When? \_\_\_\_\_

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 or dismissal and loss of semester credit hours, if I have already registered for class.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_