



The University of Mississippi- Grenada

# Application for Undergraduate Admission

**Application Procedures:** Processing is simplified for online applications and as a result electronic applications may be evaluated more quickly. To apply online, go to <https://secure.olemiss.edu/admissions/ug.html>.  
**Please return this form to:**

Division of Outreach & Continuing Studies  
The University of Mississippi  
Attn: Pam Starling or Wesley Clay  
P.O. Box 9  
University, MS 38677

**Transfer Applicants:** Request each college you have previously attended to send an official transcript of your academic record to the Admissions Office.

**Fees:** A nonrefundable application fee of \$25 for Mississippi residents and \$50 for nonresidents is required. Make check or money order payable to The University of Mississippi. **DO NOT SEND CASH.** Students who received a fee waiver for the ACT or SAT or NACAC may have the application fee waived by presenting a copy of that waiver.

## Personal Information

Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First (full legal name) Middle

Other names under which documents could be found: \_\_\_\_\_ Name called by \_\_\_\_\_

Providing the information requested within this block is voluntary. The information will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

Race and Ethnic Group:  American Indian or Alaskan Native  Black, non-Hispanic  Asian or Pacific Islander  
 Hispanic  White, non-Hispanic

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Female Male Mo./Day/Yr. City and State

Religious/Church Preference (optional) \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City, State and ZIP

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Area Code Area Code

Present Mailing Address: \_\_\_\_\_  
(if different from above) No. and Street

\_\_\_\_\_  
City, State and ZIP

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Area Code Area Code

Important: Address changes should be reported immediately to the Admissions Office.

## Family Information

Father's Name \_\_\_\_\_ Living? \_\_\_\_\_ Occupation \_\_\_\_\_  
Last First Middle

His Address \_\_\_\_\_  
No. and Street City State ZIP Phone E-mail

His Educational Background: High School Graduate College Graduate Ole Miss? \_\_\_\_\_attended \_\_\_\_\_graduated

Mother's Name \_\_\_\_\_ Living? \_\_\_\_\_ Occupation \_\_\_\_\_  
Last First Middle

Her Address \_\_\_\_\_  
No. and Street City State ZIP Phone E-mail

Her Educational Background: High School Graduate College Graduate Ole Miss? \_\_\_\_\_attended \_\_\_\_\_graduated

In case of emergency notify: \_\_\_\_\_  
Name

Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Other \_\_\_\_\_  
Address City State ZIP

Phone: (home) \_\_\_\_\_ Phone: (business) \_\_\_\_\_

## Residency Information

What is your country of citizenship? U.S.: Yes No Other: \_\_\_\_\_

State of Residence \_\_\_\_\_ County of Residence \_\_\_\_\_

Length of current continuous residence \_\_\_\_\_

(See other side)

**Previous Education**

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Currently Enrolled? Yes No

List All Colleges Attended:

Institution City and State Dates of Attendance Degree Currently Enrolled?

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

Have you enrolled previously at The University of Mississippi? Yes No

If yes, please indicate date of last enrollment: \_\_\_\_\_

Oxford (main campus) Off-campus site Former PACE student

**Previous Employment**

From/To \_\_\_\_\_ Employer \_\_\_\_\_ City and State \_\_\_\_\_

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

**Enrollment Information (check all applicable)**

I plan to enroll at: Oxford (main campus)

Off-campus site located at: GRENADA

Degree Seeking Nondegree Seeking

Fall \_\_\_\_\_ year Spring \_\_\_\_\_ year \*Summer Intersession \_\_\_\_\_ year First Summer Term \_\_\_\_\_ year Second Summer Term \_\_\_\_\_ year

\*Winter Intersession \_\_\_\_\_ year \*August Intersession \_\_\_\_\_ year \*Intersessions are special two-week terms.

- \_\_\_ College of Liberal Arts
- \_\_\_ School of Accountancy
- \_\_\_ School of Applied Sciences
- \_\_\_ School of Business Administration
- \_\_\_ School of Education
- \_\_\_ School of Engineering
- \_\_\_ School of Pharmacy
- \_\_\_ Summer College for High School Students
- \_\_\_ Undecided

- I expect to be classified as a:
- \_\_\_ Freshman
  - \_\_\_ Junior
  - \_\_\_ Sophomore
  - \_\_\_ Senior
  - \_\_\_ Unclassified (hold bachelor's degree; \_\_\_ will take only undergraduate courses)
  - \_\_\_ Unclassified degree seeking
  - \_\_\_ Unclassified nondegree seeking
  - \_\_\_ Visiting (have earned 12 or more semester hours; do not seek Ole Miss degree)
  - \_\_\_ Special (at least 21 years of age, no previous college work)
  - \_\_\_ Courses for self-enrichment only
  - \_\_\_ Plan to pursue a degree later

Major Field of Study (if known) \_\_\_\_\_

**Personal Statement (voluntary)**

Anything you wish to tell us about yourself: \_\_\_\_\_

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

**Certification**

I certify that none of the information requested on this form is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission or to continue at The University of Mississippi.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send completed application and all admission credentials to:**

Division of Outreach & Continuing Education  
Attn: Pam Starling or Wesley Clay  
P.O. Box 9  
The University of Mississippi  
University, MS 38677



Completed applications, required transcripts and test scores should be received no later than 20 days prior to registration to allow adequate time for processing.



The university complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, sexual orientation, handicap, or status as a veteran or disabled veteran. 866J-7/07