



Date: _____

Student ID: _____

Name: _____

Address:

Phone: _____

DOB: _____

UALR Email: _____

Be sure to add ualr.edu to your "safe" senders so our emails don't go to your junk mail folder!

Anticipated Major/Degree: _____

I am: Returning to College Entering for the first time

I plan to attend classes: Full-Time Part-Time

Career Goal: _____

3 questions or concerns you have about returning to school:

1. _____
2. _____
3. _____

Hobbies or Interests:

Please **email** your completed application to:

cmalexander@ualr.edu
Office of Campus Life
University of Arkansas at Little Rock
2801 S. University, DSC 216
Little Rock, AR 72204
501.569.3370

FOR OFFICE USE

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