

# THE UNIVERSITY OF OKLAHOMA COLLEGE OF LAW APPLICATION FOR ADMISSION

LEGAL NAME						
Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)			
OTHER NAMES UNDER WHICH YOUR RECORDS MAY APPEAR						
Other Name 1	Other Name 2	Other Name 3	Maiden Name			
STUDENT INFORMATION						
Sooner ID# (to be assigned by OU)	Birth Date MM/DD/YYYY	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>				
STUDENT PERMANENT HOME ADDRESS						
Number	Street	City	State	Zip Code	County (if OKLA)	Country
MAILING ADDRESS FOR REPLY						
Number	Street	City	State	Zip Code	Country	
PHONE NUMBERS AND E-MAIL ADDRESS						
Home Telephone ( ) ( )	Cell Phone ( ) ( )		Email Address			
CITIZENSHIP INFORMATION: Please check the appropriate box						
U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Non U.S. Citizen <input type="checkbox"/>		Country of Birth	Country of Citizenship (If Not U.S.)			
RESIDENCE STATUS						
Resident of Oklahoma <input type="checkbox"/>		How Long: YRS _____ MTHS _____	Non Resident <input type="checkbox"/>			
ETHNICITY						
Hispanic Of Any Race <input type="checkbox"/> Not Hispanic <input type="checkbox"/>						
RACE INFORMATION						
The following information is voluntary and is requested for reporting purposes only in accordance with the 1964 Civil Rights Act as amended. (U.S. citizens only)						
White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/>						
American Indian or Alaskan Native <input type="checkbox"/> Indicate Tribe of Enrollment _____						
For the purpose of eligibility for programs and services designated for Native American/Alaskan Native students, documentation of tribal/village membership/affiliation will be required. CDIB cards are not sufficient evidence of tribal membership.						
U.S. VETERAN INFORMATION						
Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO						

TERM YOU PLAN TO ENTER THE UNIVERSITY OF OKLAHOMA						
<input type="checkbox"/> Fall Semester _____		<input type="checkbox"/> Spring Semester _____		<input type="checkbox"/> Summer Term _____		
(YEAR)		(YEAR)		(YEAR)		
MAJOR -			MAJOR CODE			
<input type="checkbox"/> Law <input type="checkbox"/> Law Visitor			NLW-JD D633 NLW-VISITOR X051			
HAVE YOU EVER ATTENDED OU?		IF YES, LAST OU CAMPUS ATTENDED			HAVE YOU EARNED A DEGREE AT OU?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Norman <input type="checkbox"/> Health Sci Center <input type="checkbox"/> Tulsa <input type="checkbox"/> Cont Educ <input type="checkbox"/> CES L			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Former OU ID Number _____		From Mo/Yr _____ To Mo/Yr _____			If Yes, Degree _____ Date _____	
PARENT/GRANDPARENT ALUMNI INFORMATION						
IF YOUR PARENT(S) OR GRANDPARENT(S) GRADUATED FROM THE UNIVERSITY OF OKLAHOMA, PLEASE PROVIDE THE FOLLOWING INFORMATION:						
Father/Grandfather:	Last Name	First Name	Middle Name	Date of Birth	Year Graduated	
Mother/Grandmother:	Last Name	First Name	Middle Name	Date of Birth	Year Graduated	

<b>OTHER COLLEGES OR UNIVERSITIES ATTENDED</b> (include current or future enrollments as well as concurrent college enrollment while in high school)
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Code	Name of Institution	City and State	Start	End	Graduated or Will Graduate	Diploma or Degree	Level of Enrollment
			MO/YR	MO/YR	MO/YR		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Law <input type="checkbox"/> ELS
Code	Name of Institution	City and State	Start	End	Graduated or Will Graduate	Diploma or Degree	Level of Enrollment
			MO/YR	MO/YR	MO/YR		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Law <input type="checkbox"/> ELS
Code	Name of Institution	City and State	Start	End	Graduated or Will Graduate	Diploma or Degree	Level of Enrollment
			MO/YR	MO/YR	MO/YR		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Law <input type="checkbox"/> ELS
Code	Name of Institution	City and State	Start	End	Graduated or Will Graduate	Diploma or Degree	Level of Enrollment
			MO/YR	MO/YR	MO/YR		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Law <input type="checkbox"/> ELS

**THIS IS MANDATORY INFORMATION. Failure to complete this section will delay the processing of your application.**

Have you ever been expelled from a high school?

\_\_\_\_ YES      \_\_\_\_ NO

Have you ever been expelled or suspended from a college or university as a result of a non-academic issue?

\_\_\_\_ YES      \_\_\_\_ NO

Are you currently under a felony indictment, have you ever been convicted of a felony, entered a plea of guilty or nolo contendere, received a suspended/deferred sentence to a felony charge, or have you ever had a protective order issued against you?

\_\_\_\_ YES      \_\_\_\_ NO

Are you or have you ever been a "prohibited person" within the meaning of 18 U.S.C.A. §922(g) who cannot possess a firearm?

\_\_\_\_ YES      \_\_\_\_ NO