

# Adult Admission Option Program Guidelines and Application

The Adult Admission Option Program is designed to facilitate the admission of adult students. Adult students may enroll in a non-degree status without submitting transcripts or test scores. The conditions of the program are as follows:

1. A special Adult Admission Option Application for admission must be completed.
2. A non-refundable \$50 application fee is required. Please enclose with your application a check or money order made payable to the University of Houston. Please include the applicant's social security number on the check.
3. Applicants must, at a minimum, hold a high school diploma or equivalent.
4. Applicants may not have been enrolled in a high school or regionally accredited college-level program for the past five years.
5. Applicants must be at least 25 years of age by the last day of late registration for the semester for which they are applying.
6. This program does not apply to currently and/or previously enrolled students, international students or Postbaccalaureate applicants.
7. Applicant must comply with the Success Initiative requirements.
8. In order to re-register in this admission category, students must have attained a 2.00 cumulative grade point average in the preceeding semester of enrollment in the Adult Admission Option.
9. Students who complete 18 semester hours and wish to change their admission status to degree seeking should contact the Office of Admissions Transfer Credit Unit at 713/743-9630, room 128 Ezekiel Cullen Building or download the Application for Regular Student Status Form from the Admissions website, undergraduate link [www.uh.edu/admissions](http://www.uh.edu/admissions) → Application/Forms.

To continue beyond 18 semester hours of credit, non-remedial work, students must present transcripts from all regionally accredited colleges and universities previously attended. For applicants who have attended institutions outside the U.S., official credentials and translations, must be submitted with the application. Regular admission to the University Studies Division will normally be

granted to those applicants with a 2.00 cumulative grade point average in their work at the University of Houston, excluding non-credit, remedial and special problems/ independent courses. To change from the University Studies Division status to an undergraduate major, students must petition to the appropriate college or department.

Note: Students may remain in the "University Studies" status for only one semester once they have exceeded 60 cumulative semester hours.

10. Students who wish to apply for degree status prior to the completion of 18 credit semester hours of non-remedial work at the University of Houston, may do so by submitting a request through the Admissions Office for Individual Admission Review. As part of the process, students must present transcripts from all regionally accredited colleges and universities previously attended.
11. The hours earned at the University of Houston will count toward a degree as long as students are fully admitted to a major and the courses are applicable to that degree program.
12. Applicants who have completed any education outside the United States must submit evidence of satisfactory English proficiency. A score of 550 or higher, (213 or higher on the computerized version) on the Test of English as a Foreign Language (TOEFL) is required. Applicants are expected to complete the essay section of the TOEFL whenever it is included as part of the exam. Students from Australia, the Bahamas, Belize, the British Isles, English speaking Canadian provinces, the Fiji Islands, Jamaica, Liberia, New Zealand, Sierra Leone, South Africa, Trinidad, the Virgin Islands, the West Indies, and Zimbabwe and those who speak English as their native language are exempt from taking the TOEFL. An Associate of Arts degree will generally not exempt an applicant from the TOEFL requirement.

Students initially enrolled in the Adult Admission Option Program have a non-degree status and are not eligible for financial assistance. Financial aid will be processed during the semester following the completion of 18 semester hours. Eligible veterans may use veterans' benefits under this program. Please contact Veterans' Services office for more information, 268 University Center, 713/743-5490.



Print Name : \_\_\_\_\_ Student Identification Number : \_\_\_\_\_

print legibly

print legibly

\* Date of birth:        
 Mo. Day Year

Gender:  Female  Male

SOURCE PC

\* Used as I.D. number for registration

Employment: If you are or expect to be employed, how many hours per week do you intend to work? \_\_\_\_\_  
 Hours

**II. Academic Background:**

1. Did you graduate from high school?  Yes  No  **R** Regular  
 If yes, when? \_\_\_\_\_ Which type of diploma did you receive?  **Z** Recognized  
 Month/Year (check one)  **D** Distinguished  
 If no, have you successfully completed the General Education Development test (GED)?  Yes  No  
 When? \_\_\_\_\_  
 Month/Year

2. List chronologically all schools attended since the 10th grade, regardless of length of attendance or whether courses were completed. (Include attendance at any other University of Houston campus.) Date Received            
 M M D D Y Y Y Y

SCHOOL OR INSTITUTION LOCATION (CITY AND STATE)	DATES ATTENDED		DEGREE/ DIPLOMA	HOURS EARNED		
	FROM (MO./YR.)	TO (MO./YR.)		HRS	Q/S	GPA
A.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DOC	INST	Y/E	START	END	
B.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DOC	INST	Y/E	START	END	
C.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DOC	INST	Y/E	START	END	
D.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DOC	INST	Y/E	START	END	
E.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DOC	INST	Y/E	START	END	

3. Are you on probation at any of the above institutions?  Yes  No  
 Have you ever been suspended from any of the above institutions for academic, disciplinary, or medical reasons?  
 Yes  No  
 If you answered YES to any of the questions above, please explain (attach additional paper if more space is required).  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you eligible to return to each of the above institutions?  Yes  No  
 If no, please explain. \_\_\_\_\_

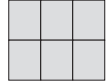
5. I certify the information contained in this application is true and correct of my own personal knowledge. Also, I authorize the University of Houston Academic Advising Center to assess my compliance with the Texas Success Initiative Program. I must provide the Texas Success Initiative Program Office with the proper documents to establish my compliance.

★ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name : \_\_\_\_\_ Student Identification Number : \_\_\_\_\_  
print legibly print legibly

**III. Statement of Residency**

State residency requirements are determined by the State of Texas and not by the University of Houston. Under state law, the applicant has the responsibility for registering under the correct classification. Any questions concerning this residence classification can be addressed by contacting the Residency Official in the Office of Admissions. Military personnel who have maintained Texas residency while physically residing in another state must complete a Residency Questionnaire.



**Residency Information** (Please answer all questions. Use n/a if the question does not apply to you.)

1. (a) Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ If "No," of what country are you a citizen? \_\_\_\_\_  
 (b) If you are not a citizen, do you hold Permanent Residence status (valid I-551) for the U.S.? Yes \_\_\_ No \_\_\_  
 If "Yes," date permanent resident card\* issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number: \_\_\_\_\_  
\*Enclose a copy of the card. (Month) (Day) (Year)

2. List your address or addresses for the last two years.

Street Address	City	State	From (Month/Year)	Thru(Month/Year)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. List employers and employment dates for the last two years (full-time work only):

Employer:	Location	From	Thru
_____	_____	_____	_____
_____	_____	_____	_____

4. Are you a resident of Texas? Yes \_\_\_ No \_\_\_ If "No," of what state are you a resident? \_\_\_\_\_  
 (If you are not a resident of Texas, skip to question 8.)

5. (a) Did your parent or court-appointed legal guardian claim you as a dependent for U.S. federal income tax purposes for the tax year preceding your registration? Yes \_\_\_ No \_\_\_  
 (b) Will this person claim you as a dependent for the current tax year? Yes \_\_\_ No \_\_\_ If you checked "Yes" for (b) (claimed as a dependent), answer question 7. If you checked "No" for (b) (self-supporting and not claimed as a dependent), answer question 6.

6. If you are self-supporting and not claimed as a dependent on your parent's or court-appointed legal guardian's most recent tax return, please answer the following:  
 (a) How long have you lived in Texas? Years \_\_\_ Months \_\_\_  
 (b) Previous state or country of residence: \_\_\_\_\_  
 (c) If you came here within the past five years, why did you move to Texas?  
 Education \_\_\_ Employment \_\_\_ Military Assignment \_\_\_ Other (explain) \_\_\_\_\_  
 (d) Are you currently on active military duty assignment in Texas? Yes \_\_\_ No \_\_\_ If "Yes," provide proof.  
 (e) What state is your home of record with the U.S. Armed Forces? \_\_\_\_\_

7. If your parent or court-appointed legal guardian will claim you as a dependent for the current tax year, please answer the following (if court-appointed legal guardian, copies of guardianship papers must be provided):  
 (a) Name of person who will claim you as their dependent: \_\_\_\_\_  
 (b) Relationship to self: Parent \_\_\_ Court-Appointed Legal Guardian \_\_\_  
 (c) How long has this person resided in Texas? Years \_\_\_ Months \_\_\_  
 (d) Previous state or country of residence: \_\_\_\_\_  
 (e) If this person came here within the past five years, why did this person move to Texas?  
 Education \_\_\_ Employment \_\_\_ Military Assignment \_\_\_ Other (explain) \_\_\_\_\_  
 (f) Is your parent or court-appointed legal guardian currently on active military duty assignment in Texas?  
 Yes \_\_\_ No \_\_\_ If "Yes," provide proof.  
 (g) What state is the home of record with the U.S. Armed Forces for your parent or court-appointed legal guardian?  
 \_\_\_\_\_  
 (h) Is this person a U.S. citizen? Yes \_\_\_ No \_\_\_ If "No," does this person hold a valid I-551 (Resident Alien) card?  
 Yes \_\_\_ No \_\_\_ If "Yes," enclose a copy of the card.

**Failure to complete, sign, and date this portion will result in your application review being delayed.**

8. I have read the information, including the "Use of Student Data" and "Meningitis" information and completed the application submitted herein that will be relied upon by college/university officials to determine my status for admission and residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institutions of any changes in the information provided. I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer or acceptance, cancellation of enrollment, or appropriate disciplinary action.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**IV. Personal Information (Optional)**

This information is required for state and/or federal reports.

Name: \_\_\_\_\_

Last

First

Middle

Social Security Number: \_\_\_\_\_

(Optional: This will ensure your documents are matched and processed promptly. You will be assigned an identification number if you do not provide a Social Security Number.

**Ethnic Background**

Please indicate which of the following groups best describes your ethnic background. This information is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only and will not be used in any admission or scholarship decisions.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> African American, Black |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> Hispanic or Latino      |
| <input type="checkbox"/> White, Non-Hispanic               |  |

**Important Information about Bacterial Meningitis**

In accordance with the 77th Texas Legislature, public institutions are required to notify all new college students in the state of Texas about bacterial meningitis. Here is information of importance.

**Bacterial Meningitis** is a serious, potentially deadly disease that can progress extremely fast, so take the utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacterium that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to five-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

**What are the signs and symptoms of meningitis?**

- High fever
- Severe headache
- Rash or purple patches on skin
- Confusion and sleepiness
- Light sensitivity
- Vomiting
- Stiff neck
- Nausea
- Seizures
- Lethargy
- There may be a rash of tiny, red-purple spots caused by bleeding under the skin that can occur anywhere on the body.
- The more symptoms, the higher the risk, so when these symptoms appear, seek immediate medical attention.

**How is bacterial meningitis diagnosed?**

- Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and
- Laboratory results from the spinal fluid and blood tests.
- Early diagnosis and treatment can greatly improve the likelihood of recovery.

**How is the disease transmitted?**

- The disease is transmitted when people exchange saliva (such as by kissing, sharing of drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

**How do you increase your risk of getting bacterial meningitis?**

- Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing
- Living in close conditions (such as sharing a room/suite in a dorm or group home)

**What are the possible consequences of the disease?**

- Death (in 8 to 24 hours from perfectly well individual to death)
- Kidney failure
- Permanent brain damage
- Learning disability
- Coma
- Hearing loss, blindness
- Gangrene
- Convulsions
- Limb damage (fingers, toes, arms, legs) that requires amputation

**Can the disease be treated?**

- Antibiotic treatment, if received early, can save lives and chances of recovery are increased. However, permanent disability or death can still occur.
- Vaccinations are available and should be considered for
  - Those living in close quarters
  - College students 25 years old or younger.
- Vaccinations are effective against four of the 5 common bacterial types that cause 70 percent of the disease in the U.S. (but does not protect against all types of meningitis.)
- Vaccinations take seven-10 days to become effective, with protection lasting three to five years.
- The cost of vaccine varies, check with your health care provider.
- Vaccination is very safe— most common side effects are redness and minor pain at the injection site for two days.
- Vaccination is available at the University of Houston Health Center.

**How can I find out more information?**

- Contact your own health care provider.
- Contact the University of Houston Student Health Center at 713/743-5151.

Additional information is available at the following web sites:

[www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo)

[www.acha.org](http://www.acha.org)