



22. If you have taken the G.E.D. High School Equivalency Test, indicate the date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**If you have received your G.E.D., have an official transcript sent directly to UM-St. Louis.**

23. High School Attended: \_\_\_\_\_  
Name City State

24. Date of High School Graduation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 25. Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_  
Month Year Year Year

26. Have you taken the ACT or SAT test?  Yes  No. If **YES**, please list your highest composite score(s):

ACT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Circle your grade level at the time of the test: 8 9 10 11 12  
mm dd yy

SAT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Circle your grade level at the time of the test: 8 9 10 11 12  
mm dd yy

27. Name and location of *all* colleges attended, dates of attendance, and degrees earned or expected prior to anticipated enrollment at UM-St. Louis. **Returning students should list only colleges/universities attended since last enrolled at UM-St. Louis.** (If none, enter "none".) If currently enrolled, indicate in Dates of Attendance space. List schools, beginning with the most recent. **Failure to indicate colleges or universities in which you have been enrolled will void your admission.**

Name of College	Location (City & State)	Dates of Attendance	Degrees Earned	Degree Dates

28. Approximate total semester hours completed \_\_\_\_\_ 29. Are you now under suspension or dismissal by any college or university?  Yes  No

**Answers to questions 30 – 34 will not be used in determining your admission.**

30. Did either of your parents complete a bachelor's degree?  Yes  No

31. Did either of your parents graduate from UMSL?  Yes  No

32. Briefly explain what you have done when not attending school or college (*attach additional pages if needed*). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

33. Extra-curricular activities you have participated in or would like to pursue at the University: \_\_\_\_\_  
 \_\_\_\_\_

34. How did you learn of the University? \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Information**

35. In case of emergency, please notify:  Parent  Guardian  Other Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Country \_\_\_\_\_ Number & Street or RFD No. \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_

36. My signature indicates that, to the best of my knowledge, the information given above is true. I understand that misrepresentation of facts on this application will be cause for cancellation of the application.