

University of Missouri-St. Louis
Application for Pathways



Please Note: This application is **only** for students applying to **UMSL Pathways**.

1. Have **official transcripts** sent directly to: Director of Admissions, UMSL, 351 MSC, One University Blvd., St. Louis, MO 63121. (For more information, please call 1.888.GO.2.UMSL (462.8675))
2. Fax completed applications to: (314) 516-5310.

1. Legal Name:

Last	First	MI	Other
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2. Social Security Number: _____ **or UMSL Student I.D.:** _____

3. Home Address: _____

Street	City	State	Zip
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4. Home Phone #: _____ **5. Work Phone #:** _____

6. E-mail Address: _____ **7. Date of Birth:** _____ / _____ / _____
MM/DD/YYYY

8. Are you a U.S. citizen? Yes No If **No**, what country? _____

8a. Are you a permanent resident? Yes No If **Yes**, please attach a copy of the front and back of your PR Card

9. Are you a Missouri resident? Yes No If **YES**, since (Month / Year): _____ / _____
If less than one year, list previous (County / State): _____ / _____ since (Month / Year): _____ / _____
If **NO**, list current (County / State): _____ / _____ since (Month / Year): _____ / _____

10. For which term are you applying? Fall Spring Summer Year: _____ **11. I plan to enroll as:** Full-time Part-time

12. Academic level? Freshman Sophomore Junior Senior

12a. Which TWO Areas of Specialization are you interested in? Criminology/Criminal Justice
 Communications Business Administration Psychology Computer Science

13. Have you previously applied to UMSL? Yes No
If yes, list term/year: _____

14. Please provide the name and location of any college/university you have previously attended, including dates of attendance. (If you have attended more than one college/university, please attach additional information to the back of this application.)

College/University: _____

Location: _____

Dates of Attendance: _____ Degree(s) Earned: _____

15. Are you now under suspension or dismissal from any college or university?
 Yes No

My signature indicates 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. I also understand that there may be other factors such as holds that may prohibit me from registering for classes or being admitted.

Signature

Date