

# The University of Akron School of Law

## Application for Admission

Full-Time Day Division or Part-Time Evening Division

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

- \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ UA ID Number \_\_\_\_\_  
For University of Akron Students, Alumni, and Employees Only

### Contact Information

E-mail Address \_\_\_\_\_

Current Phone \_\_\_\_\_ Permanent Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

### Person to Notify in Case of Emergency

Name(Last, First) \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Residency Information

Permanent Residence  Ohio  State other than Ohio  U.S. citizen living abroad  Foreign Country

If you are an Ohio resident,

Date Ohio residency was established \_\_\_\_ / \_\_\_\_ / \_\_\_\_ County of residence \_\_\_\_\_  
MM DD YYYY

What was the date of your first class at this law school? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Have you been subject to disciplinary action, investigation, or academic probation at this law school?  Yes  No

If yes, please explain IN DETAIL in a supplementary statement.

