

The University of Akron
Stark State College



Direct Connect Participation Form

Please return to: Stark State Admission 5236T(f)DC (E4.3 (RS)4.7 0 (N)-16.A0 First: 06T(N)-16.F)-16.O0 Tc RMTm 1 Middle Former Last

Preferred Name: _____ Stark State ID #: _____

Date of Birth: _____

Gender: Male Female Are you a U.S. citizen? Yes No

Residency: Are you an Ohio resident? Yes No If yes, in which Ohio county do you reside? _____

How many consecutive years/months have you been an Ohio resident? _____

II. CONTACT INFORMATION

Home Address

Street _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above)

Street _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____

Home Email Address: _____ Stark State Email Address _____

Are either of your parents or legal guardians a graduate of The University of Akron? Yes No

III. ENROLLMENT PLANS

Anticipated semester you plan to enroll at The University of Akron (Check one and fill in a year) Fall Spring Summer Year 20 _____

Intended Major/Program at The University of Akron: (Refer to the list of majors at uakron.edu/academics)

Intended Program at Stark State College Associate of _____

