

Ouachita Baptist University

Non-Degree Seeking Application

Registrar's Office - P.O. Box 3757 - Arkadelphia, AR 71998-0001

Phone: 870-245-5578

Fax: 870-245-5194

Please print.

Year 20 _____ Fall Spring May Term Summer I Summer II

1. Status (please check one): New Student Returning OBU Student, list year _____

2. US Citizen Yes No

3. Social Security # _____ Date of Birth _____ Male Female

4. Legal Name _____
Last First Middle Preferred Maiden (if applicable)

5. Present Mailing Address _____
Number, Street, or P.O. Box City State Zip

6. Telephone _____ Cell _____ E-Mail _____

7. Race / Ethnicity: Are you of Hispanic or Latino ethnicity? Yes _____ No _____

Indicate if you are from one or more of the following races/ethnic groups.

White _____ Black _____ American Indian / Alaska Native _____

Asian _____ Native Hawaiian / Other Pacific Islander _____

8. Marital Status: Single Married Divorced Widowed

9. Religious preference: _____ Home Church: _____

10. High School _____ Graduation Year _____

11. Colleges attended _____ Degree and Year _____

I hereby affirm that all information in this application is complete and accurate. I understand that I will not be considered for admission to Ouachita Baptist University until I have submitted all specified credentials. I understand that withholding or giving false or misleading information may make me ineligible for admission and enrollment. By signing this statement, I agree that upon enrollment at Ouachita Baptist University, I will adhere to all University standards, including those set forth in the University catalog and Tiger Handbook.

12. Signature (required): _____ Date: _____