



The University of Akron Stark State College



Direct Connect Participation Form

Please return to: Stark State Admissions Office, 360 Perkins Street, Akron, OH 44304 or 6200 Frank Ave. NW, North Canton, OH 44720

I. PERSONAL INFORMATION

Name (as it appears on official documents)

Last: _____ First: _____ Middle _____ Former Last Name: _____

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 _____

I plan to live on campus Yes No Undecided

Are you a United States Veteran? Yes No

IV. EDUCATION HISTORY

High School: _____ City: _____ State: _____ Graduation Date: _____

List all Colleges/Universities attended. Please include Stark State if currently attending or planning to attend:	City/State	Mo / Yr		Mo / Yr		# Hours Earned	Degrees Awarded

I certify to the best of my knowledge the information is true. I understand that any misrepresentation of facts on this form could be cause for refusal of admission, cancellation of admission or suspension/dismissal from the University if discovered subsequently.

As a participant in the Direct Connect program, I authorize The University of Akron and Stark State College to share any necessary information and documentation about my education records with each other. I understand that I have the ability to revoke this authorization at any time.

X Signature: _____ Date: _____

Note: A Direct Connect participant must also submit an Intent to Enroll Form one semester prior to enrollment at the University of Akron. This form can be found on both The University of Akron and Stark State College websites.

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Questions:

Transfer and Adult Student Enrollment Center
The University of Akron
Phone: 330-972-7009
Email: transfer@uakron.edu

Admissions Office
Stark State College
Phone: 330-494-6170 Ext. 4228
Email: admissions@starkstate.edu

<u>FOR OFFICE USE ONLY</u>	
Status at Stark State:	<input type="checkbox"/> Continuing <input type="checkbox"/> New First Time Student <input type="checkbox"/> Transfer <input type="checkbox"/> Continuing Current HS Student
Location:	<input type="checkbox"/> Akron-Perkins <input type="checkbox"/> Main-North Canton