

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)-16.00 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 \_\_\_\_\_

