



**APPLICATION FOR ADMISSION  
UNIVERSITY OF OKLAHOMA  
BIOLOGICAL STATION  
SUMMER SESSION COURSES**

<b><u>DEADLINE</u></b>
May Session: _____
August Session: _____



*Send This Application, and the Scholarship Application (if applicable):*

**THE UNIVERSITY OF OKLAHOMA  
BIOLOGICAL STATION  
730 VAN VLEET OVAL  
NORMAN, OK 73019-6121  
(Physical Location – 103 Sutton Hall)**

**Application cannot be processed until deposit is received. Please submit your deposit to the Bursar's office at the same time you submit your application to UOBS.**

*Official use only:*

Date recd: \_\_\_\_\_  
 Deposit paid: \$ \_\_\_\_\_  
 Grad \_\_\_\_ Under-grad \_\_\_\_  
 Residency: \_\_\_\_\_  
 Letter Sent: \_\_\_\_\_  
 Scholarship Amt: \$ \_\_\_\_\_  
 Date Faxed: \_\_\_\_\_  
 Hours: \_\_\_\_\_  
 ESP: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY**

1. NAME:					
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>		
2. SOONER ID:			3. PREFERRED NAME:		
4. E-MAIL ADDRESS(ES):				5. PHONE <i>(Including area code)</i>	(    )
6. CURRENT ADDRESS:					
CITY:			STATE:		ZIP:
7. PERMANENT ADDRESS:					
CITY:			STATE:		ZIP:
8. SUMMER ADDRESS:					
CITY:			STATE:		ZIP:
9. PERSON TO CONTACT IN CASE OF EMERGENCY:					
CITY:			STATE:		ZIP:
PHONE:	(    )				
10.	<b>MAY SESSION <input type="checkbox"/>    AUGUST SESSION <input type="checkbox"/> - Separate application required for each session attending (ONLY ONE COURSE PER SESSION MAY BE TAKEN)</b>				
1 <sup>ST</sup> CHOICE**	COURSE NO.		SECT.		COURSE NAME:
2 <sup>ND</sup> CHOICE	COURSE NO.:		SECT.		COURSE NAME:
3 <sup>RD</sup> CHOICE	COURSE NO.:		SECT.		COURSE NAME:

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NAME:		SOONER ID:	
11.	RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>	
12.	FRESHMAN <input type="checkbox"/>	SOPHOMORE <input type="checkbox"/>	JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRAD/OTHER <input type="checkbox"/>
13.	ENROLLED IN A GRADUATE DEGREE PROGRAM?                      Y <input type="checkbox"/> N <input type="checkbox"/>		
14.	COLLEGE OR UNIVERSITY PRESENTLY ATTENDING:		
15.	PLEASE EXPLAIN IN DETAIL THE REASONS FOR ENROLLING IN THE SELECTED COURSE(S) AND HOW THEY RELATE TO YOUR FUTURE PROFESSIONAL CAREER.		
16.	PLEASE LIST THREE PROFESSIONAL REFERENCES. YOU MAY INCLUDE PAST OR PRESENT INSTRUCTORS.		
	NAME	PHONE	E-MAIL
17.	HAVE YOU ATTENDED UOBS SUMMER SESSION BEFORE: YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF SO, WHEN?		
18.	HOW DID YOU LEARN ABOUT UOBS SUMMER SESSION:		
POSTER	<input type="checkbox"/>	FLYER/PAMPHLET MAILING	<input type="checkbox"/>
WEBSITE	<input type="checkbox"/>	NEWSPAPER AD	<input type="checkbox"/>
		HUB (OU WEBSITE)	<input type="checkbox"/>
FORMER UOBS STUDENT	<input type="checkbox"/>	PROFESSOR/ADVISOR/OTHER	<input type="checkbox"/>
PROFESSOR/ADVISOR/OTHER NAME:			
19.	WILL YOU NEED HOUSING FOR YOURSELF?		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>A REGISTRATION FORM MUST BE COMPLETED BY ALL PARTICIPANTS IN SUMMER SESSION COURSES, INCLUDING THOSE THAT WILL BE COMMUTING.</b>			

**X**

**SIGNATURE** (*Original Signature required*)

**DATE**

**\*\* Class size is limited. You may be notified that space is not available in your 1st choice class; consequently, you will be contacted to confirm placement in your 2<sup>nd</sup> or 3<sup>rd</sup> choice class, while having the option to remain on a 1<sup>st</sup> choice class waiting list. All enrollments require recommendation from the Director and/or Instructor. You must receive a notification of acceptance letter to enroll in your chosen course(s).**