

OKLAHOMA CITY UNIVERSITY

SUPPLEMENT TO APPLICATION

SOCIAL SECURITY NUMBER

MALE*

FEMALE*

LEGAL NAME (LAST, FIRST, MIDDLE)

PREFERRED NAME

FORMER LAST NAME

MAILING ADDRESS (NUMBER AND STREET, APT., CITY, STATE OR COUNTRY, ZIP CODE)

TELEPHONE (HOME)

E-MAIL ADDRESS

DATE OF BIRTH

INTENDED MAJOR

OR CHECK HERE IF UNDECIDED

CHECK HERE IF ANY OF YOUR RELATIVES HAVE ATTENDED OKLAHOMA CITY UNIVERSITY.
GIVE NAME, RELATIONSHIP, YEARS OF ATTENDANCE, AND DEGREE OF EACH RELATIVE.

ARE YOU INTERESTED IN ARMY ROTC AT OCU? YES NO

ARE YOU ELIGIBLE FOR MILITARY BENEFITS THROUGH A PARENT? YES NO

DO YOU PLAN TO APPLY FOR THE CLARA LUPER SCHOLARSHIP? YES NO
PLEASE ACCESS ADDITIONAL REQUIREMENTS AT www.okcu.edu/students/multicultural.luper.aspx

DO YOU PLAN TO APPLY FOR THE AMERICAN INDIAN SCHOLARSHIP? YES NO
PLEASE ACCESS ADDITIONAL REQUIREMENTS AT www.okcu.edu/students/multicultural.ais.aspx

ARE YOU CURRENTLY EMPLOYED? YES NO

TITLE AND/OR NATURE OF POSITION

EMPLOYER LOCATION

FULL-TIME

PART-TIME

HOW DID YOU HEAR ABOUT US?

* THE INFORMATION MARKED WITH AN ASTERISK IS VOLUNTARY AND WILL BE USED IN A NON-DISCRIMINATORY MANNER, CONSISTENT WITH APPLICABLE CIVIL RIGHTS LAWS.