

# Application for Admission

BEFORE ACCEPTANCE AND ENROLLMENT, THE FOLLOWING MUST BE ON FILE IN THE ADMISSIONS & REGISTRAR OFFICE:

**High School Graduates:**

1. Complete Application for Admissions
2. High School Transcript
3. ACT or SAT scores
4. Immunization Records

**Transfer Students:**

1. Complete Application for Admissions
2. Official Transcript from each college attended
3. High School transcript if less than 24 college credit hours
4. Immunization Records

**Mail to: NEO A&M College Admissions Office – P.O. Box 3843 – Miami, OK 74354-6497**

**Applying for:**     Fall         Spring         Summer        Year \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY:**

Social Security Number \_\_\_\_\_ Full Legal Name \_\_\_\_\_

Current Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Current Phone (\_\_\_\_) \_\_\_\_\_ Maiden or Other Names \_\_\_\_\_

U.S. Citizen     Yes     No    Permanent State Residence \_\_\_\_\_ County \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sex:     Male     Female                      Marital Status:     Married     Single

Birth Date \_\_\_\_\_ Birth City & State \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Emergency Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_ Type of phone     Cell     Home     Business

Entering Classification:     H.S. concurrent     First-time     Returning NEO     Transfer  
     Non-degree Special     Vo-Tech (school attended) \_\_\_\_\_

Did either parent receive a Bachelor Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Family Income Level <input type="checkbox"/> Over \$29,000 <input type="checkbox"/> Under \$29,000
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Anticipated Major _____	Number of People in Family (Living in Household) _____
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Ethnic Classification: (Check all that apply)     African-American     Asian     Caucasian     Hispanic

Native American (Specify tribe) \_\_\_\_\_ Bloodline:     Mother     Father

High School: \_\_\_\_\_ City & State \_\_\_\_\_ Graduation Date: \_\_\_\_\_

First Enrollment in College? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list names and locations of ALL COLLEGES you have attended. Failure to list institutions may result in loss of credit or dismissal. Include NEO if you have attended college here.		
College Name, City & State	From Mon/Yr	To Mon/Yr	Degree/Hrs Earned

NEO A&M College is committed to compliance with the letter and the spirit of the requirements of the American with Disabilities Act (PL 101-336) and will continue its practice of non-discrimination against the disabled in education and their access to the facilities, programs and services of the College. For further information or to request accommodations for physical or learning disabilities, you may contact the ADA Coordinator in the Office of Student Affairs, Dyer Hall, first floor west, or call (918) 540-6326. NEO A&M College does not discriminate on the basis of race, color, national origin, sex/gender, age or qualified disability.

I certify all information provided here is correct. I understand falsification is cause of immediate cancellation of registration and/or dismissal from Northeastern Oklahoma A&M College.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Oklahoma state law requires hepatitis B & MMR vaccinations for all students and meningococcal vaccination for students residing in campus housing. Please go to [www.cdc.gov](http://www.cdc.gov) or call 1-800-232-2522 to obtain information concerning hepatitis B & MMR (measles, mumps and rubella) and meningococcal disease.**