INSTRUCTIONS
(You may also apply online at www.uiw.edu)

APPLICATION DEADLINES:
University of the Incarnate Word (UIW) has rolling admissions, which means qualified applicants are admitted throughout the year. Depending on application volume, decisions are generally made within a three week period. The $20 application fee is waived for those applying prior to February 1st (priority application date) for the fall semester.

FIRST-TIME FRESHMAN
• Request an official high school transcript to be sent to the Office of Admissions
• Letters of recommendation are encouraged, but not required. Letters of recommendation can be sent from a counselor, teacher or other school official.
• Request that your guidance counselor send an official high school transcript including current courses and complete the counselor recommendation form.
• Send SAT and/or ACT scores. Applicants who have taken the SAT or ACT more than once should send all score results. The SAT code is 6303. The ACT code is 4106. (High school graduates of two years or more are not required to submit SAT/ACT scores.)
• General Equivalency Diploma (GED) recipients must submit official verification with test scores, and an official transcript of all high school work completed.
• Applicants who wish to address circumstances regarding their application are encouraged to submit a letter of explanation.

TRANSFER
• Request official transcript(s) from every college/university attended to be sent to the Office of Admissions.
• Applicants with fewer than 24 semester hours of college-level work completed must submit an official high school transcript and SAT or ACT scores in addition to college transcript(s). (High School graduates of two years or more are not required to submit SAT or ACT scores.)
• Applicants who wish to address circumstances regarding their application are encouraged to submit a letter of explanation.

TRANSIENT
• Submit official transcript or letter of good standing from last college or university attended.

FINANCIAL ASSISTANCE
UIW offers financial assistance to those who, for financial reasons, might otherwise be unable to attend. We believe that all students should be able to attend the university that best suits their academic and personal needs. The financial assistance philosophy at UIW is to meet the published direct costs of all eligible students until funds are exhausted. Funds available include federal, state, and institutional.

To apply for financial assistance, all students must complete a Free Application for Federal Student Aid (FAFSA) and submit it to the federal processor, or it can be submitted to the Office of Financial Assistance for processing. The FAFSA form can be obtained from your high school guidance office, transfer center, the Office of Financial Assistance or online at www.fafsa.ed.gov. The results of the FAFSA will be used to determine your financial aid eligibility. The federal school code for UIW is 003578. Students are also asked to complete the UIW Student Information Form available through the Office of Financial Assistance or online at www.uiw.edu/finaid (click on the "forms" link).

For questions concerning financial assistance at UIW, call the Office of Financial Assistance at (210) 829-6008, or refer to the website at www.uiw.edu/finaid.

SCHOLARSHIPS
Freshman academic scholarships are awarded on the basis of academic performance and SAT/ACT scores. Transfer scholarships are awarded on the basis of college academic performance. Consideration is automatic and requires no additional application.

Performance and visual arts scholarships are awarded on the basis of auditions and/or presentations in the areas of art, music, theatre, and dance. These scholarships are coordinated through the corresponding departments. Athletic scholarships are also available and are based on tryouts and/or observation by the athletic department. For further information on athletic scholarships, please contact the Athletic Office at (210) 829-2722, or refer to the website at www.uiwcardinals.com.

For further information regarding scholarships, please refer to the Office of Financial Assistance website at www.uiw.edu/finaid.

DISABILITY SUPPORT SERVICES
Students requiring accommodations under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 can apply for Eligibility Support Services. For more information, contact the Coordinator of Student Disability Services at (210) 805-5814.
University of the Incarnate Word
Undergraduate Admission Application

Read instructions on inside cover thoroughly prior to completing application

PERSONAL DATA  PLEASE TYPE OR PRINT IN INK
Social Security No. _____________ – ___________ – ___________ (optional)
Name _____________________________________________________________________
first middle [maiden] last
Home Address ________________________________________________________________________________________________
number and street

Cell Telephone ( ) ________________________ Home Telephone ( ) ________________________
E-Mail Address ________________________________________________________________
Best way to reach you ________________________________________________________________
Best time to reach you ________________________________________________________________
Date of Birth ______ / ______ / _______ Male ☐ Female ☐

ACADEMIC PLANS
Anticipated Entry Term: ☐ Fall 20 ___ ☐ Spring 20 ___ ☐ Summer 20 ___
Applying as a: ☐ first-time freshman ☐ transfer ☐ transient (enrolled at: ______________________)
Select: ☐ full-time ☐ part-time
Intended Major: ______________________ (see page 3) Advisement Track: ______________________
I am applying as: ☐ degree seeking ☐ non-degree seeking ☐ second degree seeking

COLLEGE PLANS
Do you plan to apply for Financial Aid? ☐ Yes ☐ No
Do you plan to apply for the UIW Honors program? ☐ Yes ☐ No
Are you interested in on-campus housing? ☐ Yes ☐ No

DEMOGRAPHICS
Are you a U.S. citizen? ☐ Yes ☐ No
Resident Alien? (If yes, please submit permanent resident card) ☐ Yes ☐ No
If you answered “no” to both questions, you must complete the Application for International Student Admission.
Non Citizen? ☐ Yes ☐ No Visa Type (if applicable): ______________________

OPTIONAL
UIW does not discriminate against any applicant because of race, sex, national origin, disability, or religious affiliation. In order for the University to respond to required state and federal questionnaires, we ask you to assist us on a voluntary basis, by answering the following questions:
Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic
(Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
Race: (Check all that apply)
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White ☐ Black or African American
Religious affiliation ______________________ Marital Status: ☐ Single ☐ Married ☐ Divorced
Are you a first-generation college student (Neither parent has graduated from a 4 year institution)? ☐ Yes ☐ No
Military service? ☐ Active Duty ☐ Veteran ☐ Veteran-Dependant ☐ None
**ACADEMIC PROGRAM**

Using the list below, please indicate your intended major/concentration:

(If interested in All-Level Certification or Secondary Certification, please indicate preferred teaching field. If interested in an advisement track, please indicate at the bottom of the page.)

**COLLEGE OF HUMANITIES, ARTS AND SOCIAL SCIENCES**

<table>
<thead>
<tr>
<th>Art</th>
<th>Music</th>
<th>Political Economy (concentration only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art History (minor only)</td>
<td>Music Performance</td>
<td>Psychology</td>
</tr>
<tr>
<td>Asian Studies (concentration only)</td>
<td>Music Composition</td>
<td>Religious Studies</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>Music Education</td>
<td>Sociology</td>
</tr>
<tr>
<td>Cultural Studies</td>
<td>Music Industry Studies</td>
<td>Spanish</td>
</tr>
<tr>
<td>English</td>
<td>Music Therapy</td>
<td>Theatre Arts</td>
</tr>
<tr>
<td>Government - American Politics</td>
<td>Pastoral Ministry</td>
<td>Women and Gender Studies (minor only)</td>
</tr>
<tr>
<td>Government - International Relations</td>
<td>Philosophy</td>
<td></td>
</tr>
<tr>
<td>History</td>
<td>Photography (minor only)</td>
<td></td>
</tr>
</tbody>
</table>

**H-E-B SCHOOL OF BUSINESS AND ADMINISTRATION**

| Accounting                  | Management Information Systems | Management |
| Actuarial Science (minor only) | Professional Golf Management | Marketing   |
| Banking and Finance         | International Economics (with Universidad de Monterrey) | Political Economy |
| Economics                   | Universidad de Monterrey     | Sports Management |
| General Business            |                                  |             |

**SCHOOL OF MEDIA AND DESIGN**

| Communication Arts:         | Graphic Design             | Fashion Design |
| Bilingual Communication Arts | 3D Animation/game Design   | Fashion Management: |
| Communication Studies       | Computer Information Systems| Fashion Merchandising |
| Convergent Media            |                           | Product Development |
| Journalism                  |                           | Interior Design |
| Media Production            |                           |                 |
| Media Studies               |                           |                 |

**DREEBEN SCHOOL OF EDUCATION**

| All-Level Certification with Elementary Certification with Secondary Certification with |
| Specialized Teaching Field in: Interdisciplinary Studies major and Interdisciplinary Studies major and Interdisciplinary Studies major and |
| Art, Music, Physical Education, minors in Reading and Special minors in Reading and Special minors in Reading and Special |
| Spanish or Theatre Arts     Education                                    Education                                    Education |

**ILA FAYE MILLER SCHOOL OF NURSING AND HEALTH PROFESSIONS**

| Athletic Training | Nursing              | Rehabilitative Science |
| Healthy Training  | Nuclear Medicine Technology |                         |
| Kinesiology       |                      |                         |

**SCHOOL OF MATHEMATICS, SCIENCE AND ENGINEERING**

| Biology                        | Engineering        | Meteorology |
| Biochemistry                   | Environmental Science | Nutrition |
| Broadcast Meteorology          | Geology (minor only) | Physics (minor only) |
| Chemistry                      | Mathematics        |             |

**ROSENBERG SCHOOL OF OPTOMETRY**

Vision Science (Pre-Optometry pathway)

**ADVISEMENT TRACKS:**

Using this list below, please indicate your intended advisement track (if applicable) ________________________________________

If choosing an advisement track, you must also choose an academic program.

<table>
<thead>
<tr>
<th>Pre-Dentistry</th>
<th>Pre-Medicine</th>
<th>Pre-Pharmacy</th>
<th>Pre-Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Engineering</td>
<td>Pre-Optometry</td>
<td>(Biology or Chemistry)</td>
<td>Pre-Veterinary Science</td>
</tr>
<tr>
<td>Pre-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Undeclared**

*Students uncertain about academic major should apply as an undeclared major.*
FAMILY INFORMATION
Give names/addresses of parents or guardian and/or spouse:

☐ Check if Emergency Contact
☐ Check if Emergency Contact

Relationship: ___________________________________________ Relationship: ___________________________________________

Name: ______________________________________ Name: ______________________________________

Home Phone: ______________________________________ Home Phone: ______________________________________

Address: ______________________________________ Address: ______________________________________

City/State/Zip: ______________________________________ City/State/Zip: ______________________________________

E-mail address: ______________________________________ E-mail address: ______________________________________

Occupation: ______________________________________ Occupation: ______________________________________

Work Phone: ______________________________________ Work Phone: ______________________________________

ACADEMIC HISTORY
High School: ______________________________________ Address: ______________________________________

City/State/Zip: ______________________________________ Phone Number: ______________________________________

Guidance Counselor: ______________________________________

Date of Graduation: Month ______ Year ______

GED Score ______ Year ______

Home Schooled ☐ (Refer to Undergraduate Bulletin for further instructions)

TRANSFER STUDENTS ONLY
List the name(s) and address(es) of the institution(s) you have attended and dates of attendance. Failure to disclose information regarding previous institutions is grounds for dismissal.

<table>
<thead>
<tr>
<th>Name &amp; City/State (college)</th>
<th>From (month/year)</th>
<th>To (month/year)</th>
<th>Degree received and/or number of hours completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</table>

Have you signed a Joint Admissions Agreement (JAA) or are you following a transfer plan? ☐ Yes ☐ No

Are you a member of Phi Theta Kappa? ☐ Yes ☐ No Are you interested in reverse transfer? ☐ Yes ☐ No

TEST INFORMATION (Check all exams taken)
ACT Exam ☐ Yes ☐ No SAT Exam ☐ Yes ☐ No SAT Reasoning Exam ☐ Yes ☐ No AP Exam ☐ Yes ☐ No
IB Exam ☐ Yes ☐ No TOEFL Exam ☐ Yes ☐ No Accuplacer Exam ☐ Yes ☐ No

ACTIVITIES
Please list your hobbies and extracurricular activities in school, community, and church.
(Feel free to include more information on a separate page)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grade Level</th>
<th>Positions or Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9 10 11 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 10 11 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 10 11 12</td>
<td></td>
</tr>
</tbody>
</table>
U.I.W. activities in which you would like to participate:
- Student Newspaper
- Student Ambassadors
- Cheerleading
- Chorus
- Campus Ministry
- Intramurals
- Theatre Arts
- Student Government
- Instrumental Ensemble
- Student Ambassadors
- Intra-murals
- Theatre Arts
- Other: __________________________

Do you plan to participate in varsity athletics at UIW?  Yes  No  What sport? __________________________________________

Have you visited the U.I.W. Campus?  Yes  No  When? __________________________________________

EMPLOYMENT/OTHER INFORMATION

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position held</th>
<th>Dates</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

1. __________________________________________

LEGACY INFORMATION  (Please list any family member who is currently enrolled or has graduated from UIW)

Name __________________________________________
relationship __________________________ class/year __________________________

Name __________________________________________
relationship __________________________ class/year __________________________

DECISION FACTORS

How did you first hear about Incarnate Word:
- U.I.W. Alumna/Alumnus
- U.I.W. Student
- U.I.W. Admissions Representative
- U.I.W. Coach
- School Counselor
- Newspaper
- Television
- Radio
- Internet
- Literature
- Other: __________________________

MENINGITIS INFORMATION:

Texas law requires all students under the age of 22 to provide proof of immunization against bacterial meningitis in the preceding five years prior to registering for classes. For more information please contact the UIW Health Services Office at 210-829-6017 or www.uiw.edu/health.

Please submit immunization records to the UIW Health Services Office in person, by fax at 210-829-3125 or email healthsvcs@uiwtx.edu.

Have you received your Meningitis vaccination within the last five years?  Yes  No

Applicants are welcome to submit letters of recommendation. Please enclose the non-refundable $20.00 processing fee (check or money order) with your application.

By submitting this application, I certify that I am seeking to enroll at UIW and that the information which I have given on these pages is complete and true to the best of my knowledge. I agree that if accepted for admission, I shall comply with all the rules and regulations of the University which may be in effect or which shall be put into effect while I am a student.

________________________________________________  __________________________
Signature of Applicant  Date
HIGH SCHOOL COUNSELOR/PRINCIPAL/TEACHER RECOMMENDATION FORM
(For First-Time Freshman Students ONLY)

Applicants
Please complete the first three lines of this form and give to your counselor, principal or teacher to complete. You may mail your completed application with any attachments, along with the $20 application fee, directly to the Office of Admissions at the University of the Incarnate Word.

Name ________________________________________________________________________________________________________
Address ______________________________________________________________________________________________________
City/State ______________________________________________________________________________________________________
Phone Number ____________________________________________________________________________________________________
E-Mail Address ____________________________________________________________________________________________________

Counselor/Principal/Teacher
Please complete the bottom portion of this form and mail to University of the Incarnate Word, Office of Admissions, 4301 Broadway, San Antonio, Texas 78209.

Counselor/Principal/Teacher Name ___________________________________________________________________________________________
Title ___________________________________________ High School _________________________________________________________________
School Address __________________________________ City/State ____________________________________________________________
School Phone Number __________________________ High School Code __________________________
What is your recommendation regarding the applicant?:

❑ Recommend with enthusiasm         ❑ Recommend, but with reservations
❑ Highly recommend                 ❑ Do not recommend
❑ Please call regarding this student

Comments:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
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____________________________________________________________________________________________________________

Signature ___________________________ Date ___________________________