



Dear Applicant:

Thank you for applying to the University of Miami. To ensure the information you provide is as accurate as possible, we ask that you carefully read the instructions and review your application after completion.

Just as no two applicants are alike, neither are their applications. Frankly, we like it that way. The Admission Committee reviews each application individually, taking a combination of factors into consideration before making a decision. These include academic achievement, strength of curriculum, class rank, standardized test scores, guidance counselor evaluation, teacher recommendations, special talents and the applicant's essay.

Your application should reflect you— your ideas, your accomplishments, your creativity and your convictions. You have our best wishes as you continue with our admission process.

Sincerely,
The Members of the
University of Miami
Admission Committee

It is the policy of the University of Miami that no citizen of the United States, or any other person within the jurisdiction thereof, shall on the grounds of race, color, sex, age, disability, veteran status, religion, national origin or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to discrimination or harassment in employment or under any educational program or activity of the university.

The University of Miami is an Equal Opportunity/Affirmative Action University.

Certain consumer information including financial assistance, athletics, security, institutional information such as graduation rates and the Family Educational Rights and Privacy Act (FERPA) is available online at www.miami.edu/hea.



Application For Admission Freshman Applicants

Personal Information

Please print or type. Please do not staple.

Social Security or UM ID Number: _____

Mr. Ms. Full Name: _____
Last (Family) *First* *Middle*

All Applicants

1. Mother's full name _____ Father's full name _____
 Daytime phone () _____ Cell () _____ Daytime phone () _____ Cell () _____
 E-mail address _____ E-mail address _____
 Occupation _____ Occupation _____
 Name of business or organization _____ Name of business or organization _____
 College (if any) _____ College (if any) _____
 Degree(s) _____ Degree(s) _____

2. Have one or both of your parents or grandparents graduated from the University of Miami? If so, please indicate name, relationship and year of graduation:

<i>Name</i>	<i>Relationship</i>	<i>Year of graduation</i>
<i>Name</i>	<i>Relationship</i>	<i>Year of graduation</i>

3. Please list your community and/or school activities in their order of importance to you (attach additional sheet if necessary).

<i>Activity</i>	<i>Office(s) Held or Honors Received</i>	<i>Hours per Week</i>	<i>Dates</i>

4. Please list any job (including summer or part-time employment or volunteer experience) you have held (attach additional sheet if necessary).

<i>Name of Organization or Employer</i>	<i>Position Held</i>	<i>Hours Per Week</i>	<i>Dates Employed</i>	
			<i>From</i>	<i>To</i>
			<i>Month & Year</i>	<i>Month & Year</i>

5. If there have been any time periods since you last attended secondary school that you were not enrolled in college, how did you spend your time (employment, military service, travel, etc.)?

6. Have you ever been sanctioned/disciplined for school-related misconduct (including academic dishonesty) by a student or faculty judicial board or hearing officer, or have you ever been convicted of a crime (other than a traffic offense)?

Yes No If yes, please explain: _____

7. My signature below indicates: (1) that all the information contained in my application is complete, factually correct, and honestly presented; (2) that if I enroll, I agree to abide by the University of Miami Honor Code, a document which prohibits dishonesty in all academic work.

Signature _____ Date _____



Counselor/Advisor Evaluation Form Freshman Applicants

Applicant: Complete Section I of this page. Ask your counselor/advisor to complete Sections II and III of this form and provide official transcript(s). Current high school students should request twelfth-grade mid-year marks to be sent to the University as soon as they are available.

Section I (To be completed by student)

Please print or type. **Please do not staple.**

Social Security or UM ID Number: _____

Student Name _____
Last (Family) First Middle Initial

Address _____ Date of Birth _____ / _____ / _____
Street Apt. Number Month Day Year

Phone (____) _____
City State ZIP Code

High School _____ High School CEEB _____

High School Address _____
Street City State ZIP Code

High School Phone (____) _____ Fax (____) _____

Counselor's Name _____ Title _____

I am applying for: Early Decision* Early Action Regular Decision

Senior Year Courses:
First Semester _____ Second Semester _____

I recognize the confidential nature of this document and/or letter(s) of recommendation and I do do not waive my right to access.

Student's Signature _____ Date _____

* Early Decision Applicants: My signature below indicates that I have discussed with my parents and counselor the commitment to attend the University of Miami should admission be offered under this plan. I have also discussed with them the financial aid needs that could have an impact on attendance. Furthermore, I agree, if admitted, to withdraw all other applications and make no subsequent applications, unless released from this Early Decision commitment by the University.

Student's Signature _____ Date _____

Section II (To be completed by school counselor) Note: Early Decision/Early Action deadline is November 1; Regular Decision deadline is January 15.

Percentage of students who attend: Four-Year _____ Two-Year _____ institutions

Grading scale: 4.0 100 Other _____ Passing Grade is _____

Student's present G.P.A. _____ Weighted Unweighted

Highest G.P.A. in class _____ Median G.P.A. _____

Grade Point Average includes (check all that apply): 9th Grade 10th Grade 11th Grade 12th Grade

Student ranks _____ in a class of _____ as of: 9th Grade 10th Grade 11th Grade 12th Grade

The student's class rank is: Weighted Unweighted How many other students share this rank? _____ We do not rank

Is the student's course selection: Most Demanding Very Demanding Demanding Average Below Average

SAT Scores
Critical Reading _____ Math _____ Date of Test _____
Critical Reading _____ Math _____ Date of Test _____

ACT Scores
English _____ Math _____ Reading _____ Sci Reasoning _____ Composite _____ Date of Test _____

TOEFL Scores
English _____ Math _____ Reading _____ Sci Reasoning _____ Composite _____ Date of Test _____

TOEFL Scores
Score _____ Date of Test _____ Score _____ Date of Test _____

Section III *(To be completed by school counselor)*

Please comment on the following items that reference the student's ability and character. Attach additional pages if more space is needed.
(A recommendation letter on official letterhead may replace Section III.)

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability? Yes No
If not, please describe the circumstances.

Counselor Statement:

Counselor's Name _____ Phone (_____) _____ E-mail _____

Counselor's Signature _____ Date _____



Application For Admission *Transfer Applicants*

Personal Information

Please print or type. Please do not staple.

Social Security or UM ID Number: _____

Mr. Ms. Full Name: _____
Last (Family)
First
Middle

All Applicants

1. Mother's full name _____ Father's full name _____
 Daytime phone () _____ Cell () _____ Daytime phone () _____ Cell () _____
 E-mail address _____ E-mail address _____
 Occupation _____ Occupation _____
 Name of business or organization _____ Name of business or organization _____
 College (if any) _____ College (if any) _____
 Degree(s) _____ Degree(s) _____

2. Have one or both of your parents or grandparents graduated from the University of Miami? If so, please indicate name, relationship and year of graduation:

<i>Name</i>	<i>Relationship</i>	<i>Year of graduation</i>
<i>Name</i>	<i>Relationship</i>	<i>Year of graduation</i>

3. Please list your community and/or school activities in their order of importance to you (attach additional sheet if necessary).

<i>Activity</i>	<i>Office(s) Held or Honors Received</i>	<i>Hours per Week</i>	<i>Dates</i>

4. Please list any job (including summer or part-time employment or volunteer experience) you have held (attach additional sheet if necessary).

<i>Name of Organization or Employer</i>	<i>Position Held</i>	<i>Dates Employed</i>		<i>Hours per week</i>
		<i>From</i>	<i>To</i>	
		<i>Month & Year</i>	<i>Month & Year</i>	

5. If there have been any time periods since you last attended secondary school that you were not enrolled in college, how did you spend your time (employment, military service, travel, etc.)?

6. Have you ever been sanctioned/disciplined for school-related misconduct (including academic dishonesty) by a student or faculty judicial board or hearing officer, or have you ever been convicted of a crime (other than a traffic offense)?

Yes No If yes, please explain: _____

7. My signature below indicates: (1) that all the information contained in my application is complete, factually correct, and honestly presented; (2) that if I enroll, I agree to abide by the University of Miami Honor Code, a document which prohibits dishonesty in all academic work.

Signature _____ Date _____

Transfer Applicants

- All transfer applicants who have not successfully completed 30 semester hours at the collegiate level are required to submit official high school transcripts, as well as scores from either the Scholastic Assessment Test (SAT) or the American College Test (ACT). Applicants should request that the appropriate testing service send scores directly to the University of Miami. (SAT: College Board code 5815; ACT: American College Testing code 0760)
- List chronologically each college, university, professional school, or other institution of higher education you have attended. All institutions (including those in which a secondary school student was dually enrolled) must be reported, whether or not credit was earned or desired. In addition, official copies of transcripts from all colleges you have attended must be submitted to the Office of Admission.

Name of Institution	Location (City & State)	Attendance Dates		Major Field	Degree Received
		From (Month & Year)	To (Month & Year)		

3. High School Attended: _____
Name City State Date of Graduation or Date GED received

4. If you have not graduated, are you in good standing and eligible to return to your present institution? Yes No

If no, please explain: _____

5. Are you a member of Phi Theta Kappa? Yes No

6. Letter of Recommendation: Please have someone who is familiar with your academic performance and/or who can judge your potential to succeed at the University of Miami (a professor, employer, etc.) fill out the letter of recommendation on page 3.

7. Dean of Students Recommendation: Please have the Dean of Students or similar academic official at the most recent institution you have attended fill out the accompanying form on page 5.

I recognize the confidential nature of this letter of recommendation and I do do not waive my right to see this letter.

Important note to residents of Florida: If you are a resident of the state of Florida and are expecting to receive Florida financial aid (for example, the Florida Resident Access Grant), you are required to fulfill all conditions relative to the initial application and renewal eligibility requirements mandated by the Florida Department of Education.

Signature _____ Date _____

International Transfer Applicants

To be considered for transfer admission, applicants who have completed postsecondary studies outside of the United States must provide the following:

- Year-by-year records of marks sent directly to the University of Miami.** Certified and notarized records from foreign institutions may be submitted by transfer applicants, but the University may insist that such transcripts be sent directly to the University from the issuing institutions.
- Transcripts, Statement of Marks must contain the following information:**
 - Subject studied
 - Marks (grades awarded)
 - Number of periods per week for each subject
 - Grading scale with minimum passing mark



Letter of Recommendation Transfer Applicants

Applicant: Complete Section I of this page. Ask a faculty member/employer to complete Section II of this form.

Section I *(To be completed by student)*

Please print or type. **Please do not staple.**

Social Security or UM ID Number: _____

Student Name _____
Last (Family) First Middle Initial

Address _____
*Street Apt. Number Date of Birth _____ / _____ / _____
Month Day Year*

_____ Phone () _____
City State ZIP Code

I am applying as a transfer for: Fall 20____ Spring 20____

I recognize the confidential nature of this document and/or letter(s) of recommendation and I do do not waive my right to access.

Student's Signature _____ Date _____

Section II *(To be completed by a faculty member/employer)*

Please comment on the following items that reference the student's ability and character. Attach additional pages if more space is needed.

(A recommendation letter on official letterhead may replace Section II.)

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability? Yes No

If not, please describe the circumstances.

Counselor Statement:

Please print your name _____ Phone (_____) _____

E-mail address _____

School/Company _____ Signature _____ Date _____



Dean of Students Recommendation *Transfer Applicants*

Applicant: This form is intended as a confirmation of your good academic and disciplinary standing. Please complete Section I of this page. Give this form to the Dean of Students or similar official at the most recent institution you have attended to complete Section II of this form. To facilitate matters, please give your Dean a stamped envelope addressed to the Office of Admission at the above address.

Section I *(To be completed by student)*

Please print or type. **Please do not staple.**

Social Security or UM ID Number: _____

Student Name _____
Last (Family) First Middle Initial

Address _____
Street Apt. Number Date of Birth _____ / _____ / _____
Month Day Year

City State ZIP Code Phone (_____) _____

I am applying as a transfer for: Fall 20____ Spring 20____

I recognize the confidential nature of this document and/or letter(s) of recommendation and I do do not waive my right to access.

Student's Signature _____ Date _____

Section II *(To be completed by Dean or similar official)* Additional space is provided on back if needed.

Has this student been involved in any disciplinary action at your school, or are there any conduct cases pending? Yes No

Are there factors—academic, social, or other—that would interfere with this student's ability to make normal progress toward his/her degree? Yes No

If you answer yes to either question, please explain:

College/University _____ Phone (_____) _____

E-mail address _____

Please print your name: _____ Title _____

Signature _____ Date _____

Additional Comments: