COLLEGE OF EDUCATION, CRIMINAL JUSTICE, AND HUMAN SERVICES

Behavior Analysis
Distance Learning Programs

Pre-Registration Packet

Pre-Registration Instructions
Admission Acceptance Form
Graduation Requirements
Supplemental Information Form

www.behavioranalysis.uc.edu
PRE-REGISTRATION INSTRUCTIONS
BEHAVIOR ANALYSIS DISTANCE LEARNING PROGRAMS
UNIVERSITY OF CINCINNATI

The Pre-Registration packet is required to be completed and submitted with your Application for the committee’s review for acceptance into the Behavior Analysis Distance Learning Programs.

You will need to complete the following forms along with your application:

- Admission Acceptance Form
- Graduation Requirements Form
- Supplemental Information Form

Please fax, email or mail the completed Pre-Registration packet forms to your Enrollment Advisor:

Fax: 866-538-9787
Email: admissions@behavioranalysis.uc.edu
Mail:
Off-Site Admissions Center
University of Cincinnati
Behavior Analysis Online Programs
2145 MetroCenter Blvd., Suite 400
Orlando, Florida 32835
I, ____________________________________________________________________________________________________________

(Print your Name)

☐ Accept admission
☐ Do not accept admission

Into the University of Cincinnati’s:
☐ M.Ed. in Foundations in Behavior Analysis Distance Learning program
☐ Behavior Analysis Graduate Certificate Distance Learning program

Beginning ___________________________________________________________________________________________

Semester, 20

Signature ___________________________________________________________________________________________

Date

Arkansas Disclosure

I understand that the enrollment in the Master of Education in Foundations in Behavior Analysis program offered by the University of Cincinnati does not lead to teacher/administrator licensure in Ohio. I understand that the State of Arkansas has additional course requirements in order to earn an Arkansas license in the program area or a similar program area, and that I must check the website for information on Arkansas reciprocity: http://www.arkansased.org/divisions/human-resources-educator-effectiveness-and-licensure/educator-licensure-unit/licensure-by-reciprocity.
Directions: As an entering student in the Behavior Analysis Distance Learning Programs, you are about to make an important investment of your time, effort, and financial resources. We wish to make clear certain requirements that must be met for a student to stay in good academic standing and to earn the degree or certificate. To ensure that these requirements are understood by all entering students, we require that each student read the information below, sign this form, and return the form to us. We appreciate your attention to this information and your cooperation in completing this form.

By signing this form, I, __________________________________________ understand that:

(Print your name clearly)

To remain in good academic standing and to graduate I must:
• Maintain a minimum term and cumulative Grade Point Average (GPA) of 3.0,
• Earn a grade of “B” or higher in all required courses,
• Adhere to the University’s Student Code of Conduct and follow the Graduate Student Academic Policies published on the college website at https://grad.uc.edu/student-life/policies.html, and
• I must register for graduation according to University graduation registration deadlines published on the Graduate School website at http://gradapps.uc.edu/graduationdeadlines/graduation-deadlines.aspx

I will be placed on academic probation if I:
• Do not maintain a term and/or cumulative GPA of 3.0 or higher,
• Earn a grade of “C” or lower in any required class, or
• Do not adhere to the University’s Student Code of Conduct

Probation means that a student is placed on academic warning for a period of one semester (the next semester of enrollment). The Program Coordinator will communicate with the student the reasons for probation and the criteria for returning to good academic standing. Students will be required to retake any course in which they earn a grade of “C” or lower at their own cost as a condition of probation.

I will be dismissed from the Program if I:
• Earn a grade of “F” in any class
• Fail to earn a grade of “B” or higher when repeating a required course,
• Meet the criteria for academic probation a second time, or
• Meet the criteria for probation or suspension following readmission

___________________________________________    ______________________
Signature                                      Date
### UNIVERSITY OF CINCINNATI
#### SUPPLEMENTARY INFORMATION

**COLLEGE OF MEDICINE**  
**COLLEGE OF LAW**  
**GRADUATE SCHOOL**

This information must be returned to the appropriate program office at the UNIVERSITY OF CINCINNATI. Please PRINT, do not type print, on typewriter or ballpoint pen. BICOLOR COPIES OF LEGAL, AND ALL INFORMATION IS PROVIDED.

**FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE ASSESSMENT OF INCORRECT TUITION AND FEES.**

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**PARENT INFORMATION (OR LEGAL GUARDIAN)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS</th>
<th>COLLEGE OF MEDICINE (M.D.)</th>
<th>COLLEGE OF LAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEGREE SOUGHT</th>
<th>ACADEMIC PROGRAM</th>
<th>SEX</th>
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</thead>
<tbody>
<tr>
<td>TERM ADMITTEN</td>
<td>MARRITAL STATUS</td>
<td></td>
</tr>
</tbody>
</table>

**SUPPLEMENTARY INFORMATION:**

- Years of consecutive residence in the State of Ohio prior to this date:

<table>
<thead>
<tr>
<th>Birthplace (City, State and Country)</th>
<th>Home Address Country</th>
<th>Home Telephone Number</th>
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**NAME**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

The following information is requested in order that we may demonstrate to the U.S. Department of Health, Education and Welfare this Institution's compliance with Title VI of the 1964 Civil Rights Act. Information is confidential, it will be available only for research and statistical purposes, and only upon specific authorization and for non-discriminatory use.

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**SPouse INFORMATION (IF MARRIED)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>YEARS OF CONSECUTIVE RESIDENCE IN OHIO</th>
</tr>
</thead>
</table>

| EMPLOYER | |
|----------||

**HIGH SCHOOL FROM WHICH YOU WERE GRADUATED**

<table>
<thead>
<tr>
<th>NAME</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates Attended</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Degree</th>
</tr>
</thead>
</table>

**COLLEGES ATTENDED, DATE AND DEGREES ATTAINED**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates Attended</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Degree</th>
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</thead>
</table>

**CITIZENSHIP**

<table>
<thead>
<tr>
<th>U.S. CITIZEN</th>
<th>IF NO, GAVE TYPE VISA HELD</th>
</tr>
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**EMPLOYMENT RECORD**

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Location (State)</th>
<th>Type of Work</th>
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<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Location (State)</th>
<th>Type of Work</th>
<th>Earnings</th>
<th>Other</th>
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</thead>
</table>

**FINANCIAL SUPPORT**

<table>
<thead>
<tr>
<th>Family</th>
<th>Savings</th>
<th>Loans</th>
<th>Fellowships and Scholarships</th>
<th>Assistantship</th>
<th>Earnings</th>
<th>Other</th>
</tr>
</thead>
</table>

**Have you ever attended U.C. before?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>College?</th>
<th>When?</th>
</tr>
</thead>
</table>

**If above is yes, under what name?**

<table>
<thead>
<tr>
<th>Last</th>
<th>Middle</th>
</tr>
</thead>
</table>

*Signature*

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**STUDENT RECORDS OFFICE**

UC 201