GRADUATE APPLICATION

COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Architecture
COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Architecture

THE PROGRAM
The Architecture Program will support the mission of the University while emphasizing an integration of artistic principles, engineering fundamentals, and business understanding with the constant exploration of innovative design. In a collaborative multidisciplinary setting, the Architecture Program provides a professional education joined with other programs in the Hartford Art School, School of Engineering, and the Barney School of Business. The practitioner-based program balances theoretical, technical, professional, and creative knowledge. Students are prepared for careers in architecture and a wide assortment of other design, construction or business related professions.

ADMISSION TO THE PROGRAM
To qualify for admission, applicants must have received a bachelor's degree from an accredited institution and must meet the admission requirements of the University and the Department of Architecture. The student's background and preparation must be such in content and scope as to indicate the ability to complete successfully the curriculum requirements. For specific admission procedures, please refer to the information on the Graduate Application Form.

In some instances, students may be allowed to make up specific deficiencies after admission, however, credits earned through such work will not apply toward completion of program requirements. Students may apply a maximum of six credits of graduate-level course work from other accredited institutions toward fulfillment of degree requirements. Applicability of previous graduate work will be determined by the Graduate Committee.

SCHOLARSHIPS AND ASSISTANTSHIPS
Partial tuition scholarships are available for applicants to the program. The awarding of the scholarships will be determined by the Graduate Admissions Committee in consultation with the department at the time of admission. Teaching assistantships will be made available to qualified candidates as determined by the Graduate Committee. These assistantships will be awarded above and beyond scholarship awards.

FACILITIES
Graduate students in the different concentrations have full access to the facilities of the departments in which they are studying. All graduate students will be assigned to individual studios during the course of their tutorials.

Housing for graduate students may be provided on campus depending upon availability. For information concerning campus housing, please call the University of Hartford, Office of Residential Life, (860) 768-7900.

Inquiries concerning the MArch program may be directed to the Center for Graduate and Adult Academic Service, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599, (860) 768-4371.

CANDIDACY
Students have a maximum of seven years from the time of admission into the program to complete all requirements necessary for conferral of the degree.

Students must maintain a cumulative grade point average of 3.0 on a scale of 4.0 to remain in good academic standing in the program. Failure to maintain the required minimum GPA may result in the loss of scholarship funding or dismissal from the program.

PLAN OF STUDY
A total of 64 credits is required for the Master of Architecture degree.

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<th>SPRING - YEAR 1</th>
<th>CREDITS</th>
<th>CLASS</th>
<th>LAB</th>
<th>CONTACT HOURS</th>
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<tr>
<td>Arch 511 Arch Studio I</td>
<td>6</td>
<td>2</td>
<td>10</td>
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<tr>
<td>Arch 512 Adv’d SitePlan’g</td>
<td>4</td>
<td>2</td>
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<td>Arch 522 Adv’d BldgEcons</td>
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<td>Arch 523 Adv’d Bldg Structures</td>
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<td>Arch 612 Adv’d DesTheory</td>
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<tr>
<td>Arch 613 Thesis Research</td>
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<td>UH Prof elective(s)</td>
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<td>Arch 622 Adv’d UrbIssues</td>
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MArch PROGRAM TOTAL 64 40 64 104
COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Architecture

DIRECTIONS FOR APPLICATION TO GRADUATE STUDY

The Center for Graduate and Adult Academic Services and the University of Hartford Master of Architecture Program welcome your application for graduate study at the University of Hartford. In order to be considered for graduate study in the Master of Architecture Program, you must complete the items listed in the CHECKLIST below. The application deadlines for admission to the program are listed below. Applications received after these dates may not be considered for admission in September.

This packet contains a general application form, three letters of recommendation forms, one letter of intent form, and information about the Master of Architecture program. Please take time to review the material carefully. If you have questions about the application procedures, you may call the Center for Graduate and Adult Academic Services at (860) 768-4371.

Thank you for your interest in the MArch Program. We look forward to receiving your application.

☐ Complete the application form and submit it with a nonrefundable application fee, $45 for domestic applicants, $45 for international applicants, to the Center for Graduate and Adult Academic Services. The check should be made payable to the University of Hartford.

☐ Please ask all college and postsecondary institutions you attended to forward one official copy of your transcript to: Center for Graduate and Adult Academic Services, University of Hartford, 200 Bloomfield Ave., West Hartford, CT 06117-1599.

☐ Submit, with the application, a portfolio of original artwork. The portfolio should demonstrate the applicant's ability in architectural design and communication. In addition to traditional examples in architectural design, sketches and renderings, and construction documents, work may include examples of architectural history and theory, structures, building technology, and other related areas. Professional work may also be included but a letter from the employer clearly stating the extent of the applicant's contribution must be attached. The portfolio must be in an 81/2" x 11" format and bound on the edge. Maximum size is 25 sheets.

☐ Applicants wishing to have their portfolios returned must include with their applications a self-addressed envelope with sufficient postage. All other materials will become the property of the University of Hartford.

☐ Submit a personal statement of intent on the enclosed form.

☐ Request three letters of recommendation from professors or other individuals familiar with your work. These recommendations should be made on the enclosed forms and forwarded to: Center for Graduate and Adult Academic Services, University of Hartford, 200 Bloomfield Ave., West Hartford, CT 06117-1599.

☐ International applicants must submit official TOEFL scores. For information, visit www.ets.org. The University of Hartford test code number: 3436 and a Guarantor's Statement which can be downloaded at www.hartford.edu/graduate/int/

DEADLINE
Applicants accepted until class is full
Priority date February 1

Complete your application form online at: http://www.hartford.edu/graduate/ or complete the attached application form and return to the address above.
**COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE**  
Master of Architecture

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**PERSONAL DATA**  – PLEASE TYPE OR PRINT

**LEGAL NAME:**  
LAST (FAMILY)  FIRST (GIVEN)  MIDDLE (COMPLETE)

**OTHER NAME CREDENTIALS MAY BE UNDER:**

**PERMANENT ADDRESS:**  
STREET  CITY  STATE  ZIP  PHONE

**LOCAL ADDRESS:**  
STREET  CITY  STATE  ZIP  PHONE

**BUSINESS ADDRESS:**  
EMPLOYER  CITY  STATE  ZIP  PHONE

**E-MAIL**  

---

May we call you at work?  

Yes  No

*AN E-MAIL MUST BE SUPPLIED FOR APPLICATION UPDATE AND STATUS

**DATE OF BIRTH:**  
DAY  MONTH  YEAR  SEX:  Male  Female

**ETHNIC BACKGROUND**  
Native American or Alaskan Native  African-American  Hispanic
Asian-American or Pacific Island  Caucasian  Other

---

**CITIZENSHIP:**  
Are you a U.S. citizen or a permanent resident (green-card holder)?  
Yes  No

If no, what is your country of citizenship?  

What is your country of birth?  

How did you hear about the University of Hartford?  

---

**Have you previously applied to the University of Hartford?**  
Yes  No  If yes, when?  

---

**Are you seeking graduate transfer waiver/credit?**  
Yes  No  If yes, from which institution(s)?  

---

**To what other graduate programs have you applied to other than University of Hartford?**  

---

**FEDERAL ASSISTANCE**  
(NON-U.S. RESIDENTS ELIGIBLE ONLY FOR GRADUATE ASSISTANTSHIPS)

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA). Please contact the office of Financial Aid at 860.768.4282 or email finaid@hartford.edu

If applying for full-time study, do you wish to be considered for a graduate assistantship?  
Yes  No

---

Please return this form to the address above.
ACADEMIC HISTORY
LIST ALL POSTSECONDARY INSTITUTIONS YOU HAVE ATTENDED. (Attach additional information on separate sheet)

<table>
<thead>
<tr>
<th>Institution (List chronologically)</th>
<th>4-Digit Code (If known)</th>
<th>Location</th>
<th>Attended From – To</th>
<th>Degree Awarded</th>
<th>Year</th>
<th>Major/Minor</th>
<th>GPA</th>
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List the foreign languages in which you have a basic reading knowledge: ________________________________

TESTING INFORMATION
Have you taken any of the following Tests? ☐ Yes ☐ No If yes, when __________________________

☐ TOEFL DATE ________

Have scores been forwarded to the University of Hartford? ☐ Yes ☐ No

*NOTE: International students are required to take the TOEFL (Test of English as a foreign Language) prior to admission.

RECENT EMPLOYMENT HISTORY
(Attach additional information on separate sheet)

<table>
<thead>
<tr>
<th>Institution (List chronologically)</th>
<th>Location</th>
<th>Job Title</th>
<th>Dates</th>
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AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES
(Attach additional information on separate sheet)

________________________________________________________________________________________

________________________________________________________________________________________

__________________________________________

RECOMMENDATIONS
(Attach additional information on separate sheet)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
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I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

APPLICANT’S SIGNATURE ___________________________ DATE ________________

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administrative Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting documents have been processed, they become the property of the University of Hartford.

* $45 domestic application, $45 International Application. Check should be made payable to the University of Hartford.
LETTER OF INTENT

In the space below, describe your professional and career goals and how you expect graduate study to help accomplish them. If necessary, continue your letter on the back of the page.
RECOMMENDATION FOR GRADUATE STUDY — TO BE FILLED IN BY APPLICANT

NAME OF APPLICANT _________________________________________

PROPOSED DEGREE PROGRAM ____________________________ PROPOSED MAJOR ______________________________

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

SIGNATURE ____________________________ DATE __________________________

To the person completing this recommendation:
We would appreciate your candid opinion of this applicant’s personality, motivation, and capacity to undertake graduate-level study. We are interested in learning of specific strengths as well as weaknesses, both personal and academic. Please be aware that the student has access to this recommendation unless he or she has signed the waiver-of-confidentiality statement.

RECOMMENDER’S NAME _________________________________________ PHONE NUMBER __________________________

DATE __________________________ SIGNATURE __________________________

INSTITUTION __________________________ TITLE/POSITION __________________________

STREET ADDRESS __________________________ CITY __________________________ STATE _______ ZIP __________

E-MAIL __________________________

> Please return this form to the address above.
RECOMMENDATION FOR GRADUATE STUDY — TO BE FILLED IN BY APPLICANT

NAME OF APPLICANT

PROPOSED DEGREE PROGRAM PROPOSED MAJOR

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

SIGNATURE DATE

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RECOMMENDER’S NAME PHONE NUMBER

DATE SIGNATURE

INSTITUTION TITLE/POSITION

STREET ADDRESS CITY STATE ZIP

E-MAIL

Please return this form to the address above.
COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Architecture

RECOMMENDATION FOR GRADUATE STUDY — TO BE FILLED IN BY APPLICANT

NAME OF APPLICANT

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RECOMMENDER’S NAME ____________________________ PHONE NUMBER ____________________________

DATE ________________ SIGNATURE ____________________________

INSTITUTION ____________________________ TITLE/POSITION ____________________________

STREET ADDRESS ____________________________ CITY ____________________________ STATE _______ ZIP _______ E-MAIL ____________________________

Please return this form to the address above.
IMMUNIZATION RECORD

NAME:_________________________

UHA ID#:____________________ SS#________________ DATE OF BIRTH_________________ MALE  FEMALE

ADDRESS:____________________ CITY________________ STATE________ ZIP_________

STUDENT PHONE:CELL________________ HOME________________

STATUS: Will be living in campus housing? Yes  No Date Entering University:________________

FULL-TIME  PART-TIME  GRADUATE PROGRAM  FRESHMAN  SOPHOMORE  JUNIOR  SENIOR

Measles Vaccine: First dose must have been administered on or after the student's first birthday, AND must have been administered on or after 1/1/69. The second dose must have been administered on or after 1/1/80. (Exempt if born before 12/31/56)

Mumps Vaccine: Must have been administered on or after the student's first birthday.

Rubella (German Measles) Vaccine: Must have been administered on or after the student's first birthday.

REQUIRED IMMUNIZATIONS

This section must be completed by either a physician or someone operating under the direction of a physician, i.e., school nurse, PA, APRN. Record of Immunizations (month/day/year)

<table>
<thead>
<tr>
<th>Disease History</th>
<th>1st dose (or 1st MMR)</th>
<th>2nd dose (or 2nd MMR)</th>
<th>Lab evidence of immunity—titer is acceptable Date of test</th>
<th>Titre Results</th>
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<tbody>
<tr>
<td>Measles</td>
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<tr>
<td>Mumps</td>
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<tr>
<td>Rubella</td>
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Meningitis Vaccine (Required for all students living in campus housing) Date: ___ / ___ / ___

Tuberculosis Screening: (BCG Vaccine is not a contraindication to testing.)
Test date must be completed within the last calendar year.

OPPD (MANTOUX) Date: ___ / ___ / ___ Results: □ Negative □ Positive Induration _______ mm

Chest x-ray (if positive PPD) Date: ___ / ___ / ___ Results: □ Negative □ Positive

If positive PPD, treatment with ____________________________ Dates: ____________________

NON-REQUIRED, BUT STRONGLY RECOMMENDED IMMUNIZATIONS

Hepatitis A Vaccine Date 1: ___ / ___ / ___ Date 2: ___ / ___ / ___
Hepatitis B Vaccine Date 1: ___ / ___ / ___ Date 2: ___ / ___ / ___ Date 3: ___ / ___ / ___
Varicella Date 1: ___ / ___ / ___ Date 2: ___ / ___ / ___
Tetanus Diphtheria Date 1: ___ / ___ / ___

Date of Last Physical Examination (a physical is not required but strongly recommended) Date: ___ / ___ / ___

Signature of Health Care Provider: (MUST BE SIGNED OR STAMPED BY HEALTHCARE PROVIDER)

NAME:_________________________ SIGNATURE:_________________ PHONE:_________________
IMMUNIZATION RECORD

NAME: ___________________________ DOB: ___________ STUDENT ID: ______________________

MEDICAL HISTORY

NOTIFICATION OF SPECIAL MEDICAL CONSIDERATIONS: in an effort to be productively responsive to students needs, the University Health Services would like to be alerted to any special medical conditions or concerns that may require special attention or care. Please attach or forward any medical records that may be needed in order to provide appropriate care to this student while they are at college. Also, since we cannot automatically assume responsibility for a student’s care without their willing participation, please instruct them to contact the Student Health Services office to make an appointment when needed.

Current Medical History/Condition(s): ____________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Allergies/Allergens: ________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________

Medications Taken Regularly: (name/dosage) ____________________________________________
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Medical History: Check if you have ever had any of the following. Comment on all checked conditions in the space below:

<table>
<thead>
<tr>
<th>YES</th>
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If you answered yes to any of the above, please explain: ______________________________________
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____________________________________________________________________________________
IMMUNIZATION RECORD

NAME: ________________________________ DOB: ___________ STUDENT ID: __________________

INSURANCE INFORMATION

Only for laboratory or x-ray services/referrals—Student Health Services does not utilize insurance. Students pay for medications and/or laboratory services done on site. Fees are payable at the time of service by cash, check, charge or the University Hawk Flex card.

NAME OF INSURANCE: ________________________________

POLICY NUMBER: ________________________________ GROUP NUMBER: __________________

POLICY HOLDER: ________________________________

Is prior authorization required for referrals? □ Yes □ No Laboratory Services? □ Yes □ No

Please provide any other additional information you feel would be needed in case of an emergency or health related situation:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Emergency Contact Information:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Please make sure all sides are filled out completely and designated forms are signed by your medical provider. All forms must be at the Student Health office prior to moving onto or attending classes to comply with The State of Connecticut’s Department of Public Health’s mandate.

The University does not permanently store these records. Please keep a copy for your permanent records.

To reduce unnecessary paper copies, please do not mail and fax—only send one completed copy.

Thank you for your prompt attention
COLLEGE OF
ENGINEERING, TECHNOLOGY
AND ARCHITECTURE

Master of Architecture

University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117

STATEMENT OF NONDISCRIMINATORY POLICIES

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.