## Sample Undergraduate Application for Admission

This application must be accompanied by a \$25.00 application fee.

| PLEASE PRINT OR TYPE.                                       |              |               |                    |                   |                 |
|---|--------------|---------------|--------------------|-------------------|-----------------|
| Social Security Number _                                    | XXX          |               | XX                 | XXX               | X               |
| Name (last, first, middle)                                  |              |               |                    |                   |                 |
| Permanent Address   |              |               |                    |                   |                 |
| City S  | State        | Zip           | ]                  | Phone ()_         |                 |
| Mailing Address (if differe                                 | ent from abo | ove)          |                    |                   |                 |
| Mailing Address (if different CityS                         | State        | Zip           | ]                  | Phone ()_         | =               |
| Birth date (day/month/y                                     | ear)         | //            | <b>_ _ _ _ _ N</b> | Male 🗖 Fema       | le (check one)  |
| Ethnic Origin (Optional. F                                  | ,            |               |                    |                   | ,               |
| ☐ White (Non-Hispa  | _            | •             |                    |                   | ,               |
| ☐ Black (Non-Hispanic)                                      |              |               |                    |                   |                 |
| ☐ Latino/Hispanic   | ,            |               |                    |                   |                 |
| ☐ American Indian or Alaskan Native                         |              |               |                    |                   |                 |
| ☐ Asian or Pacific Islander                                 |              |               |                    |                   |                 |
| ☐ U.S. Citizen ☐ Non-U.S. Citizen                           |              |               |                    |                   |                 |
| Perm. Resident Alien  |              |               |                    |                   |                 |
| (Alien Registration Number)                                 |              |               |                    |                   |                 |
| In case of emergency, contact:   Parent   Guardian   Spouse |              |               |                    |                   |                 |
| Name  |              |               |                    |                   |                 |
| Address   |              |               |                    |                   |                 |
| City State Zip  |              |               |                    |                   |                 |
| Home Phone ()   |              |               |                    |                   | -               |
| Applying as:  Freshmar                                      | n 🗖 Trans    | fer Applying  | for:               | Fall 🗖 Spring     | g 🗖 Summer      |
| Intended Major  |              |               |                    |                   |                 |
| •   |              |               |                    |                   |                 |
| SCHOOLS ATTENDED:   |              |               |                    |                   |                 |
| School Name   | City, State  | Dates Attende | ed                 | Degrees           | Honors Earned   |
|   |              |               |                    |                   |                 |
|   |              |               |                    |                   |                 |
|   |              |               |                    |                   |                 |
| THIS APPLICATION MUST                                       | BE SIGNED.   |               | •                  |                   |                 |
| I understand that withhold                                  |              |               | ted on th          | is application of | or giving false |
| information may make me                                     |              |               |                    |                   |                 |
| al. I certify that the inform                               |              |               |                    |                   |                 |
| •   | 1            |               |                    |                   | 1               |
| Signature   |              |               | Date               | /                 | /               |
|   |              |               |                    | /                 | //              |