

Application for Admission

A n E d u c a t i o n i n t h e F r a n c i s c a n T r a d i t i o n

ADMISSION PROCEDURES

Thank you for your interest in Alvernia University. We are pleased that you have decided to apply.

Alvernia University uses a rolling admission process, which means that we are constantly accepting and reviewing applications contingent on openings in specific academic majors. We prefer that you submit your application as early

as possible. Applications should be completed in ink or typed, and a non-refundable \$25 application fee should accompany the application.

Should you have questions about the application or Alvernia's admission process please feel free to contact the School of Continuing Studies.

PERSONAL DATA

Name Miss Ms. Mrs. Mr. _____
LAST FIRST MIDDLE (JR., ETC.)

MAIDEN/FORMER NICKNAME

Date of Birth ____/____/____ Social Security # _____

Are you a U.S. citizen or legally authorized to attend an institution of higher education in the United States? No Yes

U.S. Citizen Permanent Resident Other _____

Country of Citizenship _____ (Additional documentation may be requested to supplement your application.)

Visa Status _____

Address _____
NUMBER/BOX STREET

CITY STATE ZIP/POSTAL CODE COUNTRY

Home Phone (____) _____ Cell Phone (____) _____ E-Mail Address _____

Employer _____ Work Phone (____) _____

Title/Position _____

UNDERGRADUATE DEGREE PROGRAMS

- | | | |
|---|---|--|
| <input type="checkbox"/> Bachelor of Arts
<input type="radio"/> Behavioral Health Studies
<input type="radio"/> Corporate Communications
<input type="radio"/> Liberal Studies
<input type="radio"/> Psychology and Organizational Behavior | <input type="checkbox"/> Bachelor of Science
<input type="radio"/> Accounting
<input type="radio"/> Human Resource Management
<input type="radio"/> Management
<input type="radio"/> Marketing
<input type="radio"/> RN-BSN Completion Program | <input type="checkbox"/> Associate of Science
<input type="radio"/> Business

<input type="checkbox"/> Credit Certificate Program
<input type="radio"/> Behavioral Health Studies
<input type="radio"/> Human Resource Management |
| <input type="checkbox"/> Bachelor of Arts Degree Completion
<small>(for students transferring at least 90 credits of applicable college work)</small>
<input type="radio"/> Arts & Sciences
<input type="radio"/> Professional Studies | | |

LOCATION

Where you would like to take the majority of your courses: Main Campus Off-Site Location _____

EDUCATIONAL HISTORY

High School* _____
LAST ATTENDED

*For high school equivalency in lieu of diploma, provide information for G.E.D. issuing agency.

Graduation Date ____/____/____ City/State _____ Phone (____) _____
MONTH/YEAR

COLLEGE/UNIVERSITY/INSTITUTION <small>(List all attended)</small>	LOCATION <small>(City/State/Country)</small>	DATES ATTENDED <small>(Month/Year)</small>	DEGREE EARNED	CREDITS <small>(completed)</small>
_____	_____	/ TO /	_____	_____
_____	_____	/ TO /	_____	_____
_____	_____	/ TO /	_____	_____

PROFESSIONAL HISTORY

EMPLOYER NAME AND ADDRESS	DATES	POSITION
_____	_____	_____
_____	_____	_____

OPTIONAL INFORMATION

Gender

- Male
- Female

Ethnic Origin

- Are you Hispanic/Latino? Yes No
- Regardless of your answer to the previous question, please select one or more of the following ethnicities that best describes you:
- American Indian or Alaska Native
 - Asian
 - Black/African American
 - Native Hawaiian or Pacific Islander
 - White

Marital Status

- Single
- Married
- Divorced
- Separated
- Widowed

Religion

- Islam
- Jewish
- Protestant
 - Baptist
 - Lutheran
 - Presbyterian
 - UCC
- United Methodist
- Other Protestant _____
- Roman Catholic
- Other _____

MILITARY INFORMATION

Are you currently or have you ever served with any branch of the United States Armed Forces? Yes No

Will you be receiving Armed Forces educational benefits? Yes No

ACADEMIC INFORMATION

Please indicate the semester and year you plan to enroll. Fall _____ Spring _____ Summer _____
YEAR YEAR YEAR

Expected student status: Full Time Part Time

Have you previously applied for admission to Alvernia University? Yes _____ No
SEMESTER/YEAR

OTHER COLLEGES/UNIVERSITIES

Please tell us about other colleges and/or universities which you have applied to, or plan to apply for admission.

Have you visited Alvernia University? Yes No

Please identify siblings, parents, or close relatives who are current students or graduates of Alvernia.

Name _____ Years attended _____ to _____ Relationship _____
YEAR YEAR

Name _____ Years attended _____ to _____ Relationship _____
YEAR YEAR

HOW DID YOU HEAR ABOUT ALVERNIA? (check and fill out information about all that apply)

- Television
- Friend
- Billboards
- Internet _____
- Alumni
- Co-worker
- College Fair
- Newspaper _____
- Magazine
- Information Session
- Radio _____
- Alvernia Website
- Mailings
- Other _____

SIGNATURE

To the best of my knowledge, the above information is true.

I agree that, if accepted I will comply with the rules and regulations of Alvernia University.

SIGNATURE

DATE

APPLICATION CHECKLIST

The following information must be received to be considered for acceptance:

- Completed application form accompanied by a non-refundable \$25 application fee. Make check payable to Alvernia University.
- Official college/institution transcripts.
- Official high school transcript or General Equivalency Diploma (GED) indicating successful completion of the program.
- A copy of DD214 from military (if applicable).

Please complete in ink or type. Attach \$25 non-refundable application fee payable to Alvernia University.

Alvernia University complies with all federal, state and local nondiscrimination laws in the administration of its educational programs and services and in its employment relationships.

Official Office Use Only

Application Fee pd not pd waived Application Rec'd _____ Accept Date _____ Confirm Date _____