

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

UNDERGRADUATE ADMISSION PROCEDURES

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

Alvernia 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.

After receiving your completed application, we make every effort to notify you of your admissions decision within four to six weeks. Should you have questions about the application or Alvernia's admission process, please contact the Office of Admissions.

I AM APPLYING AS A: First-year Student Transfer Student Re-entry Student

Have you previously applied for admission to Alvernia? Yes No

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

MAIDEN/FORMER _____ NICKNAME _____

Date of Birth ____/____/____ Social Security # _____
MONTH/DAY/YEAR

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

U.S. Citizen Permanent Resident Asylee/Refugee International

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

Visa type you currently hold or plan to apply for _____

Address _____
NUMBER/BOX STREET CITY STATE ZIP/POSTAL CODE COUNTRY

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

OPTIONAL INFORMATION

Gender

- Male
 Female

Marital Status

- Single
 Married
 Divorced
 Separated
 Widowed

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 describe you:
 American Indian or Alaska Native
 Asian
 Black/African American
 Native Hawaiian or Pacific Islander
 White

Religion

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

FAMILY DATA Check as appropriate:

Father Stepfather Guardian Spouse

Name _____
LAST/FAMILY FIRST/GIVEN MIDDLE

Address Same as above

STREET _____

CITY STATE ZIP/POSTAL CODE

(____) (____)
HOME PHONE WORK PHONE

E-mail Address _____

Employer _____

Mother Stepmother Guardian Spouse

Name _____
LAST/FAMILY FIRST/GIVEN MIDDLE

Address Same as above

STREET _____

CITY STATE ZIP/POSTAL CODE

(____) (____)
HOME PHONE WORK PHONE

E-mail Address _____

Employer _____

EDUCATIONAL HISTORY

High School* _____ From _____/_____/_____ to _____/_____/_____
LAST ATTENDED MONTH/YEAR MONTH/YEAR MONTH/YEAR

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

Graduation Date _____/_____/_____ City/State _____
MONTH/YEAR

Phone (_____) _____ Guidance Counselor _____

SAT: (Critical Reading _____ + Mathematics _____) Total _____ /1600 Date Taken _____/_____/_____ GPA _____
MONTH/YEAR MONTH/YEAR ON 4.0 SCALE

ACT: Composite _____ Date Taken _____/_____/_____ I plan to take the SAT or ACT _____/_____/_____
MONTH/YEAR MONTH/YEAR MONTH/YEAR

TOEFL score (if English is not your first language) _____ I plan to take the TOEFL _____/_____/_____
MONTH/YEAR

Have you attended a college or university since graduating from high school? Yes No

College/Institution _____ Dates Attended _____/_____/_____ to _____/_____/_____
MONTH/YEAR MONTH/YEAR MONTH/YEAR Credits _____
COMPLETED

College/Institution _____ Dates Attended _____/_____/_____ to _____/_____/_____
MONTH/YEAR MONTH/YEAR MONTH/YEAR Credits _____
COMPLETED

College/Institution _____ Dates Attended _____/_____/_____ to _____/_____/_____
MONTH/YEAR MONTH/YEAR MONTH/YEAR Credits _____
COMPLETED

Have you attended more than three colleges/institutions? Yes No

If so, please submit the above information for each additional college on a separate sheet.

Have you completed an Associate or Bachelor Degree? No Yes: Associate Bachelor Degree _____

Are you currently a member of Phi Theta Kappa? Yes No

ENROLLMENT INFORMATION

Please indicate the semester and year you plan to enroll. Fall (August) _____ Spring (January) _____
YEAR YEAR

Expected Enrollment Status: Full Time Part Time

Expected Residential Status: Resident—I will be living on campus Commuter—I will be living off campus

If you require special services relative to on-campus housing, please contact the ADA Compliance Office in the Office of the Registrar.

AREAS OF STUDY

(Select a field of academic interest.)

Accounting

Addiction Studies

Athletic Training

Biochemistry

Biology

Medical Technology *emphasis*

Chemistry

Medical Technology *emphasis*

Communication

(Select one emphasis:)

Corporate

Film, Culture & Creative Arts

Journalism

Media Design and Production

Public Relations and

Advertising

Theatre Studies

Computer Information Systems

(Select one emphasis:)

Business

Communication

Criminal Justice

Mathematics

Science

Criminal Justice Administration

Education

Early Childhood (PreK-4)

Middle School (4-8)

Secondary (7-12)

(Select one emphasis:)

Biology

Business Computer &
Information Technology

Chemistry

English

Mathematics

Social Studies

Special Education
(dual certification)

(Select one emphasis:)

Early Childhood

Middle School

English

Forensic Science

General Science

History

Human Resource Management

Liberal Studies

Management

Marketing

Mathematics

Nursing

Occupational Therapy

(5-year Master's Degree)

Philosophy

Political Science

Psychology

(Select one emphasis:)

General Psychology

Counseling & Rehabilitation

Forensic Psychology

Sport Psychology

Social Work

Sport Management

Theology

Undeclared/Undecided

Pre-Professional

(Please select an area of study in support of your chosen pre-professional program.)

Pre-Dental

Pre-Law

Pre-Medical

Pre-Veterinary

ACTIVITY LEADERSHIP (Incoming First-year students only)

Please submit your high school activities, community service, athletic participation, and other out-of-classroom involvement.

Note: Please start with your senior year and work back to your freshman year. If additional space is needed, feel free to copy this sheet and attach the copy to this form.

ACTIVITY	POSITION/OFFICE HELD (if any)	YEARS INVOLVED	SPECIAL HONORS/AWARDS
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____
_____	_____	9 10 11 12	_____

I am interested in participating in the following varsity sports and/or activities while at Alvernia:

Varsity Sports

- Baseball Cross Country Golf Lacrosse Soccer Tennis
- Basketball Field Hockey (W) Indoor Track & Field Outdoor Track & Field Softball Volleyball (W)

Club Sports

- Cheerleading Dance Ice Hockey (M)

Activities

- Community Service Intramurals Pep Band Student Government Theatre Other _____

HOW DID YOU HEAR ABOUT ALVERNIA?

- Alumni Co-worker Guidance Counselor Newspaper Television
- Athletic Office College Fair Internet Parents Other
- Billboards Friend Mailings Radio _____

Have you visited Alvernia? 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

Name _____ Years attended _____ to _____ Relationship _____
YEAR YEAR

OTHER COLLEGES/UNIVERSITIES

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

PERSONAL ESSAY (Submit essay on separate sheet.)

Alvernia students are required to fulfill community service hours prior to graduation. In your own words, describe how your service will enable you to grow and develop both personally and professionally.

MILITARY INFORMATION

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

If yes, did you receive any type of discharge other than an honorable discharge? Yes No
(If yes, please explain such discharge in full detail on a separate sheet.)

Will you be receiving Armed Forces educational benefits? Yes No

LEGAL DISCLOSURE

A "yes" to one or more of the following questions will not necessarily preclude admission to Alvernia University. However, failure to provide complete, accurate, and truthful information shall be grounds to deny admission or dismiss you after enrollment. For the purpose of the following questions, "crime" and "criminal charges" shall refer to any crime other than a summary traffic offense.

Have you ever been convicted of a crime or entered a plea of guilty or a plea of no contest to a crime? Yes No

Are there any criminal charges pending against you? Yes No

Have you ever been found responsible for a disciplinary violation at any secondary school that you have attended, whether related to academic misconduct or behavioral misconduct, which resulted in probation, suspension, removal, dismissal or expulsion from the institution? Yes No

If you answered "yes" to any of these questions, please attach a separate sheet and describe the circumstances in full detail.

In the event that you are convicted, plead guilty or no contest to any crime, or are faced with any criminal charges at any time after you submit this application, you must promptly notify the Alvernia University Admissions Office in writing of such conviction, plea and/or criminal charges. The failure to notify the University shall be grounds to deny admission or dismiss you after enrollment.

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

Submit all application materials to: Alvernia University, Office of Undergraduate Admissions, 400 Saint Bernardine Street, Reading, PA 19607

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

- Completed application form accompanied by a non-refundable \$25 application fee. Make check payable to Alvernia University.
- Official high school transcript or General Equivalency Diploma (GED) indicating successful completion of the program.
- Official report from the testing agency of combined SAT or ACT scores. (SAT Code: 2431/ACT Code: 3521)
- Personal essay.
- Transfer and International Applicants submit official transcripts of all secondary and post-secondary institutions attended.
- Two letters of recommendation if applying to the Nursing Program.
- A copy of DD214 from military (if applicable).

International applicants must also submit:

- Official Test of English as a Foreign Language (TOEFL) score report if English is not your first language.
- Completed World Education Services, Inc. evaluation (available at www.wes.org).
- Completed Alvernia University Financial Statement (available at <http://www.alvernia.edu/admissions/undergraduate>).

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.

For Admissions Office Use Only CF Phone HSV CC Mail Visitation Event Other Programs _____
Application Fee pd not pd waived Application Rec'd _____ Accept Date _____ Confirm Date _____