



# APPLICATION FOR ADMISSION

## Center for Adult and Professional Studies

Application for (check one box on each line):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Transfer Student  | <input type="checkbox"/> Second Degree     | <input type="checkbox"/> Certification |
| <input type="checkbox"/> Full-time Student | <input type="checkbox"/> Part-time Student |  |
| <input type="checkbox"/> Fall, 20__        | <input type="checkbox"/> Spring, 20__      | <input type="checkbox"/> Summer, 20__  |

### Personal Profile (please print)

Legal Name \_\_\_\_\_  
First Middle Maiden Last

Preferred Name \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time to contact you: \_\_\_\_ AM \_\_\_\_ PM  Email  Phone: \_\_\_\_\_

Current Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip

#### Citizenship:

- US Citizen     Non-US Citizen     Visa type \_\_\_\_\_ which expires \_\_\_\_\_
- SEVIS Number \_\_\_\_\_     Permanent Resident Number \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_  Full-time  Part-time

Are you eligible for tuition reimbursement or assistance from your employer?  Yes  No

#### In Case of Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Optional Information

Gender:  Female  Male    Marital Status:  Single  Married

Religious Affiliation \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

**St. Andrews Presbyterian College, in compliance with Title VI of the Civil Rights Act of 1964, operates in a non-discriminatory manner with regard to race, color, age, or national origin. Further more, as required by Title IX of the 1972 Educational Amendments, St. Andrews does not discriminate on the basis of sex in its educational programs, activities, or employment policies. St. Andrews also provides equal opportunity to qualified persons with disabilities in accordance with the requirements of the Americans with Disabilities Act.**

**Academic Record (Official Transcripts are required from each school listed below.)**

Name of High School \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Please list all colleges, universities and other post-secondary institutions attended, beginning with last attended. If additional space is needed, please use a separate sheet.

Name of College \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Are you eligible to return to this institution?  Yes  No If no, why? \_\_\_\_\_

Name of College \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Name of College \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**What is your area of interest?**

- Business Administration
- Management and Information Technology
- Education
- Equine Business Management
- Liberal Studies
- K-6 Licensure (Must have a B.S. or B.A.)
- Non-Degree Seeking

**How did you learn about St. Andrews?**

- Newspaper
- Mailings
- Radio
- Friend
- School counselor
- Employer
- Community Flyer
- Other (please indicate) \_\_\_\_\_
- Internet

Add comments here in support of your application

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I certify that this information is true and complete to the best of my knowledge. I understand falsification of information on the application could jeopardize acceptance and enrollment.

Applicant Signature

Date

Printed Name

Please return this application with your \$30 application fee to:  
 St. Andrews Presbyterian College  
 Office of Admissions  
 1700 Dogwood Mile  
 Laurinburg, N.C. 28352