



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 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, national origin or any other protected category. Furthermore, 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
- Education
- Equine Business Management
- Interdisciplinary Studies
- K-6 Licensure (Must have a B.S. or B.A.)
- Non-Degree Seeking

How did you learn about St. Andrews?

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

Add comments here in support of your application

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