

Accelerate Your Future

ST. JOSEPH'S COLLEGE

BROOKLYN CAMPUS | LONG ISLAND CAMPUS



APPLICATION

FOR ADULT UNDERGRADUATE ADMISSION

APPLICATION FORM FOR UNDERGRADUATE ADMISSION

(Please type or print neatly.)

Part I — Biographical Data

Date _____ Social Security number _____

Title: Mr. Ms. Dr. Other

Name _____
Last First Middle

Former or other name _____
Last First Middle

Home address _____
Number and street Apartment

City State ZIP

Home phone _____ TTY/TDD (if applicable) _____

Cellphone _____ Email address _____

Work phone _____ Ext. _____ Occupation _____

Name of employer _____

Employer's address _____
Number Street

City State ZIP

Citizenship status: U.S. citizen Permanent resident Foreign student

Country of birth _____ Alien registration number _____

Type of visa _____

Are you a current member of the military? Yes No

Are you a U.S. veteran? Yes No If yes, please submit an official copy of separation papers, forms DD214 and DD295, if applicable.

Do you plan to use veterans' education benefits? Yes No

Gender: Male Female Date of birth _____ / _____ / _____
month day year

Part II — Admissions Data

Start Term

Fall 20____ Summer 20____

Spring 20____

Intended Load

Full time Nonmatriculated

Part time

High school attended _____ Year of graduation _____

List colleges/nursing schools/professional schools previously attended, if any.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Total number of credits completed _____

Do you have a degree? Yes No If yes, what type of degree? _____

Are you an R.N.? Yes No LPN? Yes No

Have you ever been suspended, expelled or required to withdraw for disciplinary reasons from any high school or college?

Yes No If yes, attach a detailed explanation.

Part II — Admissions Data (continued)

Have you ever been charged with, convicted of or pled guilty or no contest to a felony charge? Yes No

If yes, attach a detailed explanation.

What or who influenced your application?

- College representative/counselor Newspaper ad Friend
- Internet Direct-mail flyer Co-worker
- Other advertisement Relative Other _____

If relative, friend or co-worker is a student or graduate of St. Joseph's College, please provide name: _____

Optional Information

Race/ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino? Yes No (country of family's origin _____)

How would you describe your racial background? (select one or more of the following categories)

- Asian (country of family's origin _____) Native Hawaiian or other Pacific Islander
- Black or African-American White
- American Indian or Alaska native (enrolled _____, tribal affiliation _____)

Part III — Program of Study

Bachelor of Science in:

Semester Program of Study

- Business Administration with a major in Accounting
- Computer Information Technology
- Criminal Justice
- General Studies
- Health Administration
- Hospitality and Tourism Management
- Human Services

- Marketing
- Medical Technology
- Nursing (R.N. required)
- Organizational Management
- Organizational Management (online)

Weekend Trimester Program of Study*

- Health Administration
- Human Services
- Organizational Management

Certificates

- Alcoholism and Addictions Counseling
- Management
- Other _____

*Long Island Campus only

Part IV — Signature

All students: I certify that the information I have provided on this application is accurate and complete to the best of my knowledge. I understand that this application must be complete and that all requested documentation submitted before an admissions decision can be rendered. I further understand that any misrepresentation or omission of requested information may result in my admission being rescinded or in dismissal at any time after admission.

Applicant's signature _____ Date _____

It is the policy of St. Joseph's College not to discriminate on the basis of race, color, religion, sex, national or ethnic origin, age, handicap or marital status in its educational programs, admission policies, employment policies, financial aid or other school-administered programs. This policy is implemented in compliance with all applicable federal, state and local statutes or regulations.



BROOKLYN CAMPUS

245 Clinton Avenue
Brooklyn, NY 11205
Phone: 718.940.5800
Fax: 718.636.8303

LONG ISLAND CAMPUS

155 West Roe Boulevard
Patchogue, NY 11772
Phone: 631.687.4501
Fax: 631.650.2526

www.sjcny.edu