

# ADULT UNDERGRADUATE APPLICATION

## Part I — Personal Data (Please print neatly)

Date of Application \_\_\_\_\_ Social Security number \_\_\_\_\_  
(Required for all U.S. citizens and permanent residents applying for financial aid)

Title:  Mr.  Ms.  Dr.  Other

Name \_\_\_\_\_  
Last First Middle

Former or other name \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Home address \_\_\_\_\_  
Number and street Apartment

City State ZIP

Home phone \_\_\_\_\_ TTY/TDD (if applicable) \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Work phone \_\_\_\_\_ Ext. \_\_\_\_\_ Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

Employer's address \_\_\_\_\_  
Number Street

City State ZIP

Citizenship status:  U.S. citizen  Permanent resident  Other (non-U.S.)

Country of birth \_\_\_\_\_ Alien registration number \_\_\_\_\_  
Type of visa \_\_\_\_\_

Are you an active member of the military?  Yes  No

Are you a U.S. veteran?  Yes  No

If yes to either question, please submit an official copy of separation papers, forms DD214 and DD295.

Do you plan to use veterans' education benefits?  Yes  No If yes, under what law? \_\_\_\_\_

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)

## Part II — Admissions Data

### START TERM

Fall 20\_\_\_\_  Summer 20\_\_\_\_

Spring 20\_\_\_\_

### INTENDED LOAD

Full time

Part time

High school attended \_\_\_\_\_ Year of graduation \_\_\_\_\_

List in chronological order ALL colleges and universities attended, including professional and nursing schools.

School Name	Major	Credits Completed

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

Are you an RN?  Yes  No LPN?  Yes  No

Year New York State license as a Registered Professional Nurse was obtained: \_\_\_\_\_

New York State license number: \_\_\_\_\_

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 V — Visa Requirement Data**

Students who are neither U.S. citizens nor permanent residents of the U.S. must complete this section. All other applicants, please proceed to next section.

Country of citizenship \_\_\_\_\_ Country of birth \_\_\_\_\_

What type of visa do you require?

- F-1
- J-1
- M-1
- Other (specify) \_\_\_\_\_

Are you currently residing in the United States?

Yes  No If yes, which visa do you hold? \_\_\_\_\_ Expiration date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you currently hold an F-1 visa, name of institution that issued your I-20 \_\_\_\_\_

### **Part VI**

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.**

#### **STUDENTS WITH DISABILITIES**

St. Joseph's College seeks to ensure that all students are afforded fair and equitable access to all of its programs and activities. Please contact the director of counseling, career and disability services at 718.940.5862 for appropriate accommodations and services.

#### **APPLICATION DEADLINES**

Students are encouraged to submit applications for fall semester by May 15 and December 15 for the spring semester to allow sufficient time for processing. However, St. Joseph's College operates on rolling admissions and applicants will be considered on a rolling basis until the start of the semester.

#### **ADULT UNDERGRADUATE APPLICANT CHECKLIST**

All applicants must submit the following:

- A completed adult undergraduate application
- A non-refundable application fee of \$25 in the form of a check or money order made payable to St. Joseph's College
- Official high school transcripts (stating graduation) or GED (Not required for students who have completed 24 college credits at a regionally accredited college or university.)
- Official College Transcripts. Submit transcripts from all colleges you attended. Only coursework with a grade of "C-" or higher from an accredited college or university will be accepted as transfer credits. Request your official transcripts be sent to: St. Joseph's College Admissions, 245 Clinton Ave, Brooklyn, NY 11205. International transcripts must be submitted to World Education Services.
- 200- to 250-word essay on the following topic: "Describe the advantages of attaining a bachelor's degree through St. Joseph's College"\*

\*Applicants to the B.S. in Nursing program are not required to provide a writing sample