

Application for Undergraduate Admission



UNIVERSITY of
SAINT FRANCIS™

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(The University of Saint Francis does not discriminate on the basis of gender, race, age, handicap, national origin, or creed in the administration of any of its policies.)

Enrollment Intention

Semester of Entry: Fall Spring Summer Year _____ Major _____

Admission Information (check one for each category):

<u>Degree Objective</u>	<u>Enrollment Status</u>	<u>Housing Status*</u>	<u>Entering Status</u>
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Full-time	<input type="checkbox"/> Resident	<input type="checkbox"/> Freshman
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Part-time	<input type="checkbox"/> Commuter (off-campus)	<input type="checkbox"/> Transfer
<input type="checkbox"/> Certificate			<input type="checkbox"/> Re-admit
<input type="checkbox"/> Non-degree			
<input type="checkbox"/> Teacher Licensure (must have a Bachelor's Degree)			

*University of Saint Francis Housing Policy

All full-time undergraduate students under the age of 21 and unmarried, and not living with their parents or guardian, are required to live on campus. A student is free to live off campus in the semester in which he/she reaches his/her 21st birthday. Violation of this policy will result in the charge of room and board to the student's account and a letter of notification to the student.

Personal Data

Last Name _____ First Name _____ Middle Name _____
Preferred First Name _____ Social Security Number _____
Maiden Name _____
Other names under which educational records may be filed _____ Date of Birth _____
Street Address _____
City _____ State _____ ZIP _____ County _____
Home area code & phone number (_____) _____ E-mail Address _____
Cell (_____) _____

Voluntary: Marital Status: Married Single Other Religion _____
Race _____ Gender: Male Female

This information is used for reporting purposes and will not be used in a discriminatory manner.

Citizenship: U.S. Citizen Permanent Resident (Number) _____
 Other (Type of Visa) _____
If not a U.S. citizen: Citizen of what nation _____
Nation of birth _____

Emergency Contact Information

Parent Name _____ Phone (_____) _____
 Guardian Address _____
 Spouse City _____ State _____ ZIP _____

Please list any relatives who have attended or are attending the University of Saint Francis and their relationship to you.

Academic Information

High School

Name _____ City _____ State _____

High school area code & phone number (____) _____ Graduation mo./year _____

Type of Diploma: Standard Core 40 Academic Honors

Do you plan to compete in intercollegiate athletics? Yes No

What sport(s)? Men's

Baseball

Basketball

Cross Country

Football

Golf

Soccer

Track & Field

Women's

Basketball

Cheer

Cross Country

Dance

Golf

Soccer

Softball

Tennis

Track & Field

Volleyball

GED Certificate Yes, date _____ No

List ALL colleges and universities attended, including those attended while in high school (attach additional sheet if needed):

1) Name _____ From _____ To _____

City/State _____ Credits/Degree Earned _____

2) Name _____ From _____ To _____

City/State _____ Credits/Degree Earned _____

3) Name _____ From _____ To _____

City/State _____ Credits/Degree Earned _____

4) Name _____ From _____ To _____

City/State _____ Credits/Degree Earned _____

Are you currently eligible to return to the last college you attended (academic probation, suspension, etc.)? Yes No

If no, reason _____

Are you a veteran? Yes No (If yes, a copy of the DD214 must be submitted.)

Do you intend to apply for Financial Aid? Yes No

Have you ever been convicted of a misdemeanor? Yes No

(If your answer is yes, please attach an explanation and have two professional references sent to USF.)

Have you ever been convicted of a felony? Yes No

(If your answer is yes, please attach an explanation and have two professional references sent to USF.)

Additional Information (optional)

Have you applied to other colleges? Yes No If yes, which ones? _____

To the best of my knowledge, ALL the information provided herein is complete and accurate.

I understand that false or misleading statements may affect my admission decision and may

result in dismissal from the university. (Signature required.)

Signature _____ Date _____

Please review the following. Each must be received before your file will be reviewed.

Checklist

Application Fee (\$20) or application initialed by Admissions staff on scheduled visit (_____)

Official high school transcript or GED

Official transcripts sent directly from all prior colleges

ACT or SAT scores, or date to take _____

Signature _____