

Application for Admission

Albertus Magnus College



All new applicants are required to pay a \$% non-refundable application fee.
Please make checks payable to AMC.

Division of Professional and Graduate Studies, 700 Prospect Street, New Haven, CT 06511
Phone: (203) 773-8505, Fax: (203) 773-5257, Website: adp.albertus.edu

Application Status

- ☐ Matriculating/First Time Freshman ☐ Matriculating/Graduate Programs
☐ Matriculating/Transfer Student

Personal Information

| | | | | |
|------------------|--------|-------|--------|------------------|
| Name: | Last | First | Middle | Former Last Name |
| Mailing Address: | Street | City | State | Zip |
| Telephone: | Home | Work | Cell | |

Email Address: _____ Gender: ☐ Male ☐ Female

Social Security Number: _____ Date of Birth: _____

Are you a U.S. Citizen? ☐ Yes ☐ No

If you are a Permanent Resident, please provide a copy of your green card or list your alien registration number:

Ethnicity:

- ☐ White/Non-Hispanic ☐ Black/Non Hispanic ☐ Hispanic
☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Prefer Not to Respond

Employment Information

| | | |
|----------------------|-------------------|--------------|
| Place of Employment: | Telephone Number: | Extension: |
| Company Address: | Title/Position: | Month/Years: |

Does your company provide tuition reimbursement? ☐ Yes ☐ No

Does your company currently have a Direct Bill Contract with AMC? ☐ Yes ☐ No

Educational Information (Please attach a copy of your high school diploma or G.E.D.—Required)

| | | |
|--|--------------|--------------------|
| High School Name: | City, State: | Graduation Year: |
| If you have not graduated from High School do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date/State Issued: |

Please list all colleges you have previously attended.

| | | | |
|----------------------------|-------------|----------------|-----------------------------|
| Name of College/University | City, State | Dates Attended | Degree/Certificate Received |
| | | | |
| | | | |

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|----------------------------|-------------|----------------|-----------------------------|
| | | | |
| | | | |

Military Status

Are you a United States Veteran? ☐ Yes ☐ No Are you on active/inactive military duty? ☐ Yes ☐ No

Are you a dependant of an active/inactive duty military family? ☐ Yes ☐ No

Plan of Study at Albertus

Degree Pursuing: ☐ AA ☐ BA/BS ☐ Certificate ☐ Master's Degree

Anticipated Degree Date:

Possible Area of Study:

Possible Career/Professional Plans:

Financial Information

Are you applying for financial aid? ☐ Yes ☐ No

I plan to study (please check one): ☐ Part-time (1 class per module) ☐ Full-time (2 or more classes per module)

I plan to attend the following modules:

☐ August—Mod 1 ☐ October—Mod 2 ☐ January—Mod 3 ☐ March—Mod 4 ☐ Summer—Mod 5

Personal Statement—Required

In two paragraphs or more, please describe your reasons for pursuing a college education.

How will our Accelerated Degree Program meet your needs? (Continue onto a separate sheet of paper.)

Certificate to be signed by applicant

The information supplied on this Application for Admission is complete and true to the best of my knowledge.

All materials and supporting records submitted by me on my behalf in connection with this application or my attendance will not be released to anyone other than authorized college personnel without my consent.

The undersigned agrees to pay all financial obligations if admitted to and attending the college, including obligations incurred if financial aid is terminated, reduced or postponed for any reason.

The undersigned also authorizes the Office of Public Relations of the college to publish the applicant's picture, address, majors, honors, sports or other activities for public relations purposes should the applicant decide to attend the college in any capacity. This publicity authorization may be rescinded by notifying the Director of Communications in writing within 30 calendar days of admission to Albertus Magnus College.

Signature:

Date: