



APPLICATION FOR MATRICULATION

Albertus Magnus College

All new applicants are required to pay a \$25 non-refundable application fee. Please make checks payable to AMC.

**Accelerated Degree Program
Office of Continuing Education**
700 Prospect Street
New Haven, CT 06511
Phone: (203)773-8505
Fax: (203)773-5257
e-mail: ce_info@albertus.edu
Website: www.adp.albertus.edu

Instructions for Applicants:

- This application is required for any student seeking a Certificate, Associate's Degree, or Bachelor's Degree.
- This application is required for any student seeking Financial Assistance.
- Upon matriculating, transfer students should have official transcripts from all previously attended colleges and universities sent directly to the Office of Continuing Education at the above address.

Personal Information:

Name (Last)	(First)	(Middle)	(Former Last Name)
Mailing Address: Street	City	State	Zip
Telephone: Home	Work	Cell	e-mail address
Social Security Number: _____ - _____ - _____	Date of Birth: _____	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>

Educational Information:

Enrollment Selection: (Please check one.)
 I plan to study part-time (1 class per Module)
 I plan to study full-time (2 or more classes per Module)

Degree Pursuing: (Please check one.)
 AA BA/BS Certificate

Please list all colleges you have previously attended.

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

Financial Information:

Are you applying for financial assistance? Yes No

If applying for local or national scholarships, please identify: _____

Certificate to be signed by applicant:

The information supplied on this Application for Matriculation 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 This publicity authorization may be rescinded by notifying the Director of Communications in writing within 30 calendar days of admission to Albertus.

Signature: _____

Date: _____