

APPLICATION

FOR GRADUATE ADMISSION

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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):

- | | |
|---|--|
| <input type="checkbox"/> Degree Objective | <input type="checkbox"/> Matriculation Status |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> First-time Graduate Student |
| <input type="checkbox"/> Licensing | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Non-degree | <input type="checkbox"/> Re-admit |

Personal Data

Last Name _____ First Name _____ Middle Name _____
Preferred First Name _____ Social Security Number _____
Maiden Name _____ Date of Birth _____
Other names under which educational records may be filed _____
Street Address _____
City _____ State _____ Zip _____ County _____
Home area code & phone number (____) _____ E-mail Address _____
Cell (____) _____ Current Employer _____
Does your employer provide tuition assistance? Yes No
Work area code & phone number (____) _____ Can you be contacted at work? Yes No

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 _____



UNIVERSITY of
SAINT FRANCIS™

2701 Spring Street
Fort Wayne, Indiana 46808
260-399-8000 • 800-729-4732
www.sf.edu • admis@sf.edu

(Please see other side for more information)

List ALL colleges and universities attended (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 a veteran? Yes No (If yes, a complete 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)
- Official transcripts sent directly from college/university
- Signature under certification

