

# Extended Learning Admission Application

## Academic Interest

Program of Interest:

- Business Administration  
(CONCENTRATION) \_\_\_\_\_
- Nursing (RN-BSN)
- Other \_\_\_\_\_

Preferred Location:

- Bensalem
- Newtown
- Other \_\_\_\_\_

## Anticipated Start Date

- Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_

## Personal Information

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name (Last, First, Maiden/Middle) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Employer Email \_\_\_\_\_

Preferred Email for University Communications \_\_\_\_\_

Please list all high schools attended or GED information (most recent first):

NAME OF SCHOOL	CITY, STATE	DATES OF ATTENDANCE	DATE OF GRADUATION

Please list all colleges, schools of nursing, and universities attended, including Holy Family University (most recent first):

NAME OF SCHOOL	CITY, STATE	DATES OF ATTENDANCE	DATE OF GRADUATION

Please list any relatives who attended Holy Family University:

NAME	RELATIONSHIP	DATES OF ATTENDANCE

## Admissions Information

Will your employer reimburse you for tuition?  Yes  No If yes, what percentage or amount? \_\_\_\_\_

Do you intend to apply for financial aid through Holy Family University?  Yes  No

How did you learn about Holy Family University's Accelerated Undergraduate Program?

Referral (please name) \_\_\_\_\_  Newspaper (please name) \_\_\_\_\_

Radio \_\_\_\_\_  Direct Mail \_\_\_\_\_

Online \_\_\_\_\_  Other \_\_\_\_\_

To satisfy Federal Government requirements, please provide the following information (used for federal statistics, not to consider your admissibility to Holy Family University).

U.S. Citizen  Yes  No If no, country of citizenship \_\_\_\_\_ Visa Status \_\_\_\_\_

Your answers to the following questions are entirely optional and will not affect the review of your application in any way.

### Ethnic identity:

Nonresident Alien  Race and Ethnicity unknown  Hispanics of any race

### For non-Hispanics only:

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Two or more races

Religious Preference \_\_\_\_\_

## Please Read and Sign

Before any action can be taken on applications, this office must receive:

- Application form
- Non-refundable application fee \$25
- Statement of Goals: an original, double-spaced, 1-2 page essay to address the following:
  1. A description of your future professional goals.
  2. Why you believe this program will help you achieve your goals.
  3. Include your name and page number on each page.
- A Transcript from every college, school of nursing or university attended. If no previous college, proof of high school diploma or GED certificate
- Copy of visa or permanent resident card, if applicable
- RNs must submit a copy of current RN license

**Note:** Please refer to the program fact sheet for other program-specific admissions requirements.

Holy Family University is accredited by the Middle States Association of Higher Education.

International applicants and applicants whose first language is other than English must submit scores of the Test of English as a Foreign Language (TOEFL). Applicants, whose degree was obtained outside the United States, must submit all academic credentials to World Education Services (<http://www.wes.org/>) for a document-by-document review, which includes a course-by-course evaluation.

I understand that I am responsible for the submission and receipt of official transcripts of my records, and that the University will accept, for its permanent file, only those transcripts issued directly by the registrar of each institution I have attended. I authorize Holy Family University to make appropriate when necessary to certify the accuracy of my records.

I certify that the answers to the above are truthful and complete to the best of my knowledge and belief. Any omission, misrepresentation, or misstatement of a material fact on the application may be the basis for denial of admission, or if admitted, dismissal from the University.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Holy Family University does not discriminate on the basis of sex, race, color, gender, age (as defined in the relevant statutes), veteran status, religion, national or ethnic origin, sexual orientation, marital status, disability, or any other classification protected under federal, state, or local law. This policy extends to all educational, employment, and service programs at the University and complies with applicable federal laws. Holy Family University is committed to providing all qualified applicants and employees equal employment opportunities, not only because it is the law, but also because of our belief that adherence is morally correct.*

*Holy Family University complies with Title IX, which prohibits discrimination on the basis of sex in an institution's education programs and activities. For information regarding the University's ADA/Section 504 for students and for Title IX information, contact Marianne Price at 267-341-3204, Campus Center Room 202. For inquiries regarding equal employment opportunity/non-discrimination, contact Human Resources at 267-341-3479.*