

Undergraduate Admissions Check List

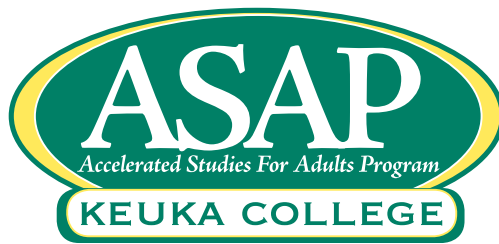
- Complete Application Form
- Submit \$50 Application Fee
- Request Official Transcripts
- Submit Health Forms

Next steps...

- Complete the FAFSA (*Free Application for Federal Student Assistance*) and submit it to the federal government (www.fafsa.ed.gov).
- Notify the Student Accounts office at (315) 279-5237 if you are receiving tuition assistance from your employer.

Mail completed application to:

Keuka College
Center for Professional Studies
1 Keuka Business Park
Penn Yan, N.Y. 14527



APPLICATION FOR ADMISSION - BACHELOR OF SCIENCE

Please complete the following application. Sign and date the application, and return it together with your non-refundable \$50 application fee. Please make your check payable to **Keuka College**. Request official transcripts of all colleges or universities you have attended using the enclosed Transcript Request Form(s).

- | | |
|--|--|
| <input type="checkbox"/> ORGANIZATIONAL MANAGEMENT | <input type="checkbox"/> NURSING FOR RNs |
| <input type="checkbox"/> CRIMINAL JUSTICE SYSTEMS | <input type="checkbox"/> SOCIAL WORK |

Preferred Location of Study: _____

Applicant's Full Legal Name: _____ Preferred Title: ___Mr. ___Mrs. ___Miss ___Ms.

Last First Middle Former Last Name (if any)

Preferred First Name: _____

If Married, Spouse's Legal Name: _____

Last First Middle

Social Security Number:	Date of Birth:	Sex:	Marital Status:
_____	_____	___M ___F	___Single ___Married
			___Divorced ___Widow

Ethnicity (optional):

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White/Non-Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black/Non-Hispanic | <input type="checkbox"/> Non-resident alien |

Are you an International Student?	Visa Type	TOEFL Score
<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____

Are you a U.S. Veteran?	Veteran Type:	Veteran Benefit you are eligible to receive:
<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____

Permanent Address:

Residential Street Address Apt. # City State Zip Code

Mailing Address, if different from address above:

Street Address/P.O. Box # Apt. # City State Zip Code

(Over)

Employer:

Business/Organization Name _____

Complete Work Address: Street, City, State, Zip Code _____

Telephone Numbers:

Home Phone _____

Cell Phone _____

Work Phone _____

Other _____

E-mail Address:

Home E-mail _____

Work E-mail _____

Educational Background:

High School Education: Diploma GED

Nursing: RN License # _____

You must submit official transcripts from all colleges or universities previously attended. A form is enclosed to request transcripts. The Transcript Request Form may be duplicated, as needed.

List of Previous Colleges attended:

College / University Name	City / State	Dates Attended	Degree Earned
College / University Name	City / State	Dates Attended	Degree Earned
College / University Name	City / State	Dates Attended	Degree Earned
College / University Name	City / State	Dates Attended	Degree Earned

Please read carefully and sign below:

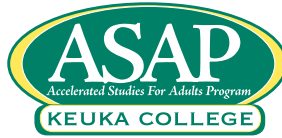
Have you ever been convicted of a crime (felony or misdemeanor) in any state or country?
(if yes, enclose a written explanation) Yes No

Have you ever been dismissed from an institution of higher learning for academic reasons? Yes No

Have you ever been dismissed from an institution of higher learning for disciplinary reasons? Yes No

By signing this application, I agree to comply with the policies and regulations of Keuka College, and grant the College permission to use my photograph and name in College literature, on the College Web site, and for public relations purposes. My submission indicates that all information on my application is complete, factually correct and honestly presented. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or suspension from the institution.

Signature _____ Date _____



OFFICIAL TRANSCRIPT REQUEST FORM

Please send this form to each college or university you have previously attended. Do not return this form to Keuka College for processing. Write clearly. Duplicate this form if you attended more than one institution.

NOTE: Your previous college or university may charge you a fee for the transcript request. To avoid delays, please contact the college/university to inquire about the appropriate fee to enclose with this transcript request form.

Name: _____

Address: _____

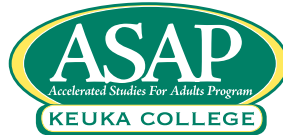
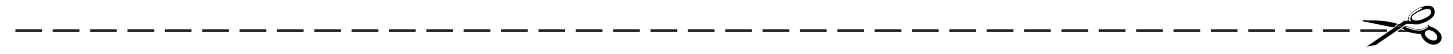
Name While Attending: _____

Social Security Number _____ Period of Time Attended: _____

By signing the bottom of this form, I authorize the release and mailing of my official transcript directly to Keuka College at the address below:

Center for Professional Studies
1 Keuka Business Park, Penn Yan, N.Y. 14527

Student's Signature: _____



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