ADULT UNDERGRADUATE
Application for Admission
ADULT UNDERGRADUATE

THE TWO STEPS BELOW SHOULD BE TAKEN TO ENSURE THAT YOUR APPLICATION PROCESS IS COMPLETE.

1. If you have completed 60 or more semester hours from another college/university, diploma or certificate program, please complete this application for admission and send it to the Office of Admissions at the University of St. Francis, 500 Wilcox St., Joliet, IL 60435.

2. Make arrangements for your official college, university, and diploma transcripts, from all institutions attended, to be sent to the Office of Admissions at the University of St. Francis.

PERSONAL INFORMATION

Name: ________________________________________________________________

LAST FIRST MIDDLE NICKNAME FORMER NAMES

Home Address: _________________________________________________________________________________________________________

City/State/Zip: _________________________________________________________________________________________________________

Telephone: Home (_______) _______________________________________ Work (_______) _______________________________________

Cell (_______) _________________________________________ Fax (_______) _________________________________________

Preferred Email: _________________________________________________________________________________________________________

Social Security Number: _____ / _____ / _______

Date of Birth: MM / DD / YYYY Country of Birth: ___________________________________________________________________

Gender: ☐ Male ☐ Female

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Number of children: ______________________________

Citizenship: ☐ I am a U.S. citizen ☐ I am a permanent resident. Alien registration number: ________________________________

☐ I am not a U.S. citizen or permanent resident. Country of citizenship? __________________ Visa type? __________________

Are you a U.S. Veteran? ☐ Yes ☐ No Are you a Post-9/11 Veteran? ☐ Yes ☐ No

Are you currently active? ☐ Yes ☐ No Are you a spouse or dependent of a Post-9/11 Veteran? ☐ Yes ☐ No

How did you learn about the University of St. Francis?

☐ From a current USF student ☐ Referred by a friend ☐ Community college counselor or teacher

☐ From a USF alum ☐ USF publication ☐ Telephone contact

☐ Direct Mail ☐ USF Open House/Informational ☐ Internet

☐ Newspaper Ad ☐ Radio ☐ Other ______________________________

☐ local community paper ☐ Professional Conference

☐ community college paper ☐ Employer

Your response to the following will in no way affect your admission status. The information is requested so that the University of St. Francis may demonstrate its compliance with Federal Regulations and may compile meaningful statistics.

What is your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

What is your race? (choose one or more) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Is English your first language? ☐ Yes ☐ No What is the primary language spoken at home? ________________________________

Religious Preference: ☐ Baptist ☐ Christian ☐ Jewish ☐ Muslim ☐ Buddhist ☐ Greek Orthodox

☐ Lutheran ☐ Protestant ☐ Catholic ☐ Hindu ☐ Methodist ☐ Other ________________________________
ACADEMIC INFORMATION

Applying for: □ Fall 20____ □ Spring 20____ □ Summer 20____

ADULT UNDERGRADUATE PROGRAMS
Please mark academic major by placing a check mark in the box provided. This information allows us to provide you with specific details regarding the academic interest you select.

☐ Business Administration
☐ Entrepreneurship
☐ Management and Leadership
☐ Managing Human Resources
☐ Marketing
☐ Transportation & Logistics

☐ Healthcare Leadership (B.S.)
☐ Nursing (RN -B.S.N. Fast Track)

Colleges/Universities/Institutions attended:
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<tr>
<th>Name</th>
<th>Location</th>
<th>Dates attended</th>
<th>Degree/Diploma</th>
<th>Graduation Date</th>
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Courses presently enrolled in (if any):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

CURRENT EMPLOYMENT INFORMATION

Title/position ____________________________________________ Dates employed __________________________

Employer: ____________________________________________ City/State/Zip __________________________

Total hours working per week:__________________________

Does your employer offer tuition reimbursement? □ Yes □ No  If yes, what is the amount per year?__________________________

Are you interested in financial aid or student loans? □ Yes □ No

Licensure (if applicable) ____________________________ Date of issuance ____________ Date of expiration ____________

Advanced Certification (if applicable) ____________________________

Work experience: ____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

References: ____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Educational/career goals: __________________________________________________________________
____________________________________________________________________________________
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MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS: (Please list) _____________________________________________________________
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HONORS - PUBLICATIONS - RESEARCH: (List all honors or scholastic distinctions you have received. Give titles of any articles or other publications and of any research or other creative work you have done. Attach a separate sheet as necessary.)
_______________________________________________________________________________________________________________________
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CHECKLIST
Please submit the following:
☐ Application for admission
☐ All official college/university, diploma or certificate program transcripts

PLEASE REMEMBER
• Apply for student loans
• Apply for Scholarships
• Seek approval for tuition reimbursement (if applicable)
• Investigate USF’s deferred payment or payment plan options

READ CAREFULLY AND SIGN
I certify that all information provided is correct and complete.

I understand that it is my responsibility to request all college/university diploma or certificate program transcripts be sent directly to the University of St. Francis, Office of Admissions, 500 Wilcox St, Joliet, IL 60435

Applicant’s Signature: ___________________________ Date: ___________________________

Withholding information or giving false information in the sections above will invalidate this application and may result in dismissal. It is the policy of the University of St. Francis not to discriminate on the basis of sex, age, race, religion, color, disability, or national/ethnic origin in its admission practices, educational programs, activities or employment policies as required by the Federal Civil Rights Laws.