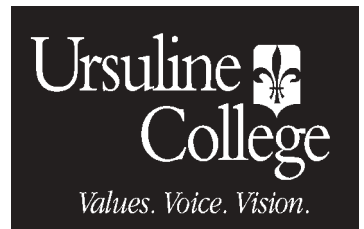


application for admission



Instructions:

All applicants must submit:

- Completed application form with \$25 application fee
- Transcripts from all previously attended institutions
- A personal statement: (choose one of the following)
 - Describe a significant life experience
 - A woman who has inspired me
 - The reason for choosing my major

High school seniors must also submit:

- ACT or SAT score
- A letter of recommendation from guidance counselor or teacher

BSN candidates must also submit:

- A letter of recommendation
- LPN/RN-BSN — must verify license at registration with nursing department

Mail completed application to:

Ursuline College, Office of Admission,
2550 Lander Road, Pepper Pike, OH 44124

Notification:

Ursuline College operates on a rolling admission policy. When all credentials for your application have been received, the Admission Committee will review the file and notify you in writing within three weeks. If you are a high school senior interested in applying for the Early Action program, see attached insert. There is a deadline of November 15th for this program.

Application for term beginning:

- Fall YR ____ Spring YR ____ Summer YR ____
 Resident Commuter

Do you plan to attend: Full-time (12 credit hours or more) Part-time (less than 12 credit hours)

Name Last First Middle/Maiden

Address

City County State Zip

Gender: Female Male Social Security Number

Citizenship: U.S. Permanent Resident U.S. Other Country VISA/Type

Home Phone E-mail Address

Birthdate (optional: for record-keeping purposes only) Ethnicity (optional: for record-keeping purposes only)

Are you a degree-seeking student? yes no (if no, please explain)

Programs of Study: Degree Programs: Please indicate one major you plan to pursue. *Your selection is not binding.*

<input type="checkbox"/> Allied Health <input type="checkbox"/> Art <i>(please select one of the following)</i>	<input type="checkbox"/> Art History <input type="checkbox"/> Graphic Design <input type="checkbox"/> Studio Arts	<input type="checkbox"/> Biology <i>(please select one of the following)</i>	<input type="checkbox"/> Biotechnology (3+1) <input type="checkbox"/> Environmental <input type="checkbox"/> General Biology <input type="checkbox"/> Health Science <input type="checkbox"/> Life Science	<input type="checkbox"/> Business <i>(please select one of the following)</i>	<input type="checkbox"/> Business Administration <input type="checkbox"/> Human Resource Management	Education <i>(please select one of the following)</i>	<input type="checkbox"/> Early Childhood Education (PreK-3) <input type="checkbox"/> Middle Childhood Education (grades 4-9) <i>choose 2</i>	<input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	<input type="checkbox"/> Adolescent/Young Adult (grades 7-12) <i>choose 1</i>	<input type="checkbox"/> Language Arts <input type="checkbox"/> Life Science <input type="checkbox"/> Math <input type="checkbox"/> Social Studies	<input type="checkbox"/> Multi Age Visual Art (K-12)	<input type="checkbox"/> Special Education — Intervention Specialist, Mild/Moderate (K-12) <input type="checkbox"/> English <input type="checkbox"/> Fashion Design <input type="checkbox"/> Fashion Merchandising <input type="checkbox"/> Health Services Management <input type="checkbox"/> Historic Preservation <input type="checkbox"/> History <input type="checkbox"/> Interdisciplinary Studies	<input type="checkbox"/> American Studies <input type="checkbox"/> Humanities <input type="checkbox"/> Long-Term Care Administration <input type="checkbox"/> Management Information Systems <input type="checkbox"/> Mathematics	Nursing Program <i>(please select one of the following)</i>	<input type="checkbox"/> BSN <input type="checkbox"/> LPN seeking BSN <input type="checkbox"/> RN seeking BSN <input type="checkbox"/> Accelerated BSN (2nd degree students only) <input type="checkbox"/> Philosophy <input type="checkbox"/> Pre-Art Therapy <input type="checkbox"/> Pre-Law <input type="checkbox"/> Pre-Medicine <input type="checkbox"/> Psychology <input type="checkbox"/> Public Relations <input type="checkbox"/> Religious Studies <input type="checkbox"/> Social Work <input type="checkbox"/> Sociology <input type="checkbox"/> Special Studies <input type="checkbox"/> Undecided
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Minors: If you desire a minor, please check one.

<input type="checkbox"/> African American Studies <input type="checkbox"/> Art <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry	<input type="checkbox"/> English <input type="checkbox"/> Fashion Design <input type="checkbox"/> Fashion Merchandising <input type="checkbox"/> Historic Preservation <input type="checkbox"/> History	<input type="checkbox"/> Math <input type="checkbox"/> Philosophy <input type="checkbox"/> Psychology <input type="checkbox"/> Public Relations <input type="checkbox"/> Religious Studies	<input type="checkbox"/> Sociology <input type="checkbox"/> Women's Studies
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Academic History

High School	Graduation Date	City	State
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Athletic Interests: (list sports in which you would like to participate)

_____ Number of years participated in high school

Family Data

Please list each person's title (i.e., Mr./Mrs./Ms./Dr./Rev.).

Parents/Guardian full names _____ / _____
Relationship

Home Telephone (_____) _____ Business Telephone (_____) _____

Address _____
Number and Street

City/Town	County	State	Country	Zip
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E-mail Address _____

If your parents are separated or divorced, with whom do you live?

Names/ages of brothers/sisters. Please include college presently attending (if any)

Are there any special circumstances regarding your family or academic background that you would like to share with us? *Attach separate sheets if necessary.*

For Transfer Students: List in chronological order colleges, universities and diploma programs attended
(Transcripts must be submitted from all institutions)

Institution	Institution	Institution
Location	Location	Location
Dates of Attendance	Dates of Attendance	Dates of Attendance
Major	Major	Major
Degree Received	Degree Received	Degree Received
Date of Graduation	Date of Graduation	Date of Graduation

Are you currently enrolled at another college? yes no

College _____ Date of completion of studies _____

Have you ever been dismissed, suspended or placed on probation by any college or university? yes no

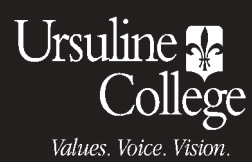
College _____ Date of completion of studies _____

Ursuline College administers its policies of admission and all programs and activities in a nondiscriminatory manner. No student will be denied educational services, access to programs, or participation in activities because of race, color, religion, age, national or ethnic origin, disability or gender.

I hereby certify that the information, which I have provided, is complete and correct. I understand that any omission or falsification will result in denial of admission or immediate dismissal. Signature required to complete application.

Signature

Date



2550 Lander Road
Pepper Pike, Ohio 44124
440-449-4203
1-888-URSULINE