

APPLICATION FOR UNDERGRADUATE ADMISSION
IGNATIUS UNIVERSITY (Indianapolis, Indiana)

Mail to:
Undergraduate Admissions office
2295 Victory Blvd.
Staten Island, NY 10314
(718) 698-0700

No application will be considered without an application fee of \$50 (non-refundable) enclosed.

Please type all information:

Personal Information:

Last Name First Name Middle Name Social Security Number

Former Last Names, if any.

Address

City _____ County _____ State _____ Zip _____

Home Telephone (area code) _____ Fax _____

E-mail _____

Full-time Employer (if any)

Business Telephone (area code) _____ Fax _____

Sex Male Female Date of Birth ___/___/___ Marital Status: Single
 Married Other

If married, Spouse's Full Name _____

Highest Education _____

Citizen of USA Yes No If no, International Resident

Religious Preference
(optional) _____

Parish or Congregation and City

Ethnic Origin (optional) White
 Asian-Pacific Islander
 Hispanic
 African-American
 Native-American
 Other

Required Photos: Attach the following: photocopy of Driver's License and Passport; current original professional passport size photo; several snap shots of yourself.
All photos must have your signature on the bottom of photo.
Optional Photos: Snap shots of you with family and/or relatives and friends. All these photos are especially important today in view of Distance Learning.

Family Information:

Father or Legal Guardian's Full Name:

Address (if other than yours):

Telephone (if other than yours):

Did father attend college? Yes No If yes, state where:

Mother's Full name (include Maiden name):

Address (if other than yours):

Telephone (if other than yours):

Did mother attend college? Yes No If yes, state where:

Names and ages of brothers, sisters, or children:

List name and relationship of any relatives who are attending or have attended

Ignatius University:

How did you learn about Ignatius University?

Academic Information:

Intended Major: _____ Minor _____
Degree _____

Objective: Bachelor (4 years) Associate (2 years)

Requested Date of Student Enrollment: Term Year October February
 June Continuous

Date you wish to begin:

Student Status: FR-First-time Freshman
 Adult Freshman (24 years or older)
 TR-Transfer
 SD-Second Bachelor's Degree
 SP-Second Ignatius Degree
 CE-Certification Only
 HI-Special High School

Student Classification: Full Time
 Part Time

Learning Location: I wish to study in Indianapolis
 Staten Island
 by Distance Learning
 Europe
 Combination

Housing Plan: Campus Housing Commute

To which colleges are you applying

High School Information:

Name of High School _____

Address _____

City _____ County _____ State _____ Zip _____

School Telephone _____ High School
Counselor _____

High School CEEB Code _____

Dates of Attendance from _____ to _____

Date of Graduation _____ or date of GED _____

Date you took (or plan to take) Scholastic Aptitude Test (SAT)
Month _____ Year _____

SAT scores must be sent to IGNATIUS UNIVERSITY ADMISSION'S OFFICE.

Have you requested that high school transcript be sent to Ignatius
University? ___Yes ___No
(If no, please send as soon as possible).

Previous College Attendance:

Name of Institution _____ Location _____
From ____/____ to ____/____ Credits ____ Degree _____

Name of Institution _____ Location _____
From ____/____ to ____/____ Credits ____ Degree _____

Name of Institution _____ Location _____
From ____/____ to ____/____ Credits ____ Degree _____

Please request that official transcripts be sent from each school to Ignatius
University,
Office of Admissions.

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES AND COLLEGE EXTRACURRICULAR (Optional)

Letters of Recommendation

Two letters of recommendation are necessary: one letter from any teacher at your high school or college recommending you for college studies; this letter must be on school stationery; the second letter is needed from a clergy person indicating your good moral character; and this document should be submitted on clergy stationery.

IMPORTANT: Misrepresentation in any statement may be considered sufficient reason for refusal of admission or cancellation of admission after acceptance. High School and/or College transcripts and SAT must be sent to the above address before your application will be considered for admission. Please Note: Transcripts, once submitted, become the property of the Ignatius University and are not returnable.

IGNATIUS UNIVERSITY DOES NOT DISCRIMINATE ON THE BASIS OF GENDER, RACE, AGE, HANDICAP. NATIONAL ORIGIN OR CREED IN ADMINISTRATION OF ANY OF ITS POLICIES.

I hereby certify that the information given in this application is accurate and complete, to the best of my knowledge. If I am accepted as a student, I agree to abide by the policies, philosophy of conduct, and expectations of IGNATIUS UNIVERSITY. I have read in its entirety the information on Ignatius University including the material on history, mission, accreditation, degree requirements, grades and fees.

Date _____ Signature _____

Please return completed application to: Office of Admissions
Ignatius University
2295 Victory Boulevard
Staten Island, N.Y 10314