

Mail to: Office of Admission John Carroll University 1 John Carroll Boulevard University Heights, Ohio 44118 Fax: (216) 397-4981

Application for Part-time Admission or Readmission

Please print out this application, complete it, and then mail or fax the completed application to the above address.

I am applying for: [] Part-time Admission [] Readmission

If you are applying for readmission:

What is the date of your last attendance at John Carroll?

Academic Standing at John Carroll: [] Good Standing [] Probation [] Dismissal

- 1. If you were dismissed or on probation, you must submit a written petition with this application.
- 2. If you have attended another college since you last attended John Carroll University, you must submit an official transcript to the Office of Admission and a completed Transfer Reference Form (on website).

PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING.

Personal Information

Student Name			[] Male [] Female
Home Address			
City	State	Zip Code	County
Home Phone ()	Cell Phone ()		
Email Address			
Date of Birth///	_		
Are you a: [] U.S. Citizen [] Resident Alien- #	[] Other	
Do you intend to apply for finan	cial aid? [] Yes [] No		
Do you intend to live on campus	(full-time students only)? [] Ye	s [] No	
Optional Personal Information			
Religious Affiliation			
Ethnic Origin [] Native Ame	erican [] African American	[] White	
[] Asian or Pa	cific Islander [] Hispanic	[] Other	
Academic Information			
Year of Desired Entrance	[]Fall []S	pring [] Summer	
Indicate the program/major you	plan to pursue:		

List the high school from which you graduated and all colleges at which you have taken courses for credit. Please have an official transcript sent from each college.

SCHOOL	CITY/STATE	DATES ATTENDED	DEGREE
grade (or international equiv	alent) forward, whether relat	olation at an educational institution y ed to academic misconduct or behavio , or expulsion from the institution?	
Have you ever been convicte	d of a misdemeanor, felony, c	or other crime? []Yes []N	lo
If yes, please explain			
	academic difficulties, please Use space provided below; a	describe the reason for your difficulty a difficulty a difficulty a difficulty a	and explain why you are now
Employment Data			
Present Employer		Position	
Work Phone ()	May we contact you	at work? [] Yes [] No	
Does your employer provide t	uition reimbursement? []	Yes [] No	
Signature:			
	t to conceal or modify any info	l in this application is complete and co ormation is adequate cause for denial o	
Signature		Date	
FOR OFFICE USE ONLY			
] College of Arts & Sciences	5	Conditions	
Boler School of Business			
] Fall [] Spring			
] Summer			
		Approved	
		Date	