

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	