



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

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: ☐ degree seeking ☐ non-degree seeking

PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING.

Personal Information

Student Name _____

Previous Name (if applicable) _____ ☐ 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 _____

Optional Personal Information

Religious Affiliation _____

Ethnic Origin ☐ Native American ☐ Black or African American ☐ White

☐ Asian or Pacific Islander ☐ Hispanic ☐ Other _____

Academic Information

Year of Desired Entrance _____ ☐ Fall ☐ Spring ☐ Summer

Indicate the program/major you plan to pursue: _____

List the high school from which you graduated and all colleges/universities at which you have taken courses for credit.

SCHOOL	CITY/STATE	DATES ATTENDED	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please have an official transcript sent from each college/university attended. Submit your high school transcript or proof of graduation if you have earned less than 24 college/university level credit hours.



Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or international equivalent) forward, whether related to academic misconduct or behavioral misconduct, which resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? [] Yes [] No

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? [] Yes [] No

(Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.)

If you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

If you have ever experienced academic difficulties, please describe the reason for your difficulty and explain why you are now ready to resume course work. Use space provided below; additional paper may be used.

Employment Data

Present Employer _____ Position _____

Work Phone (____)____-____ May we contact you at work? [] Yes [] No

Does your employer provide tuition reimbursement? [] Yes [] No

Signature:

My signature below indicates that all information contained in this application is complete and correct. I understand that any deliberate attempt on my part to conceal or modify any information is adequate cause for denial of this application for admission or dismissal from the University.

Signature _____ Date _____

FOR OFFICE USE ONLY

Conditions

Approved _____
Date _____