Charleston, West Virginia

## APPLICATION FOR ADMISSION

, ,,,,	e University of Charleston. For your appli o <b>risk (※) are required.</b> Supporting inforr	rmation is found on the back of the application.				
APPLICANT INFORM	NATION *					
First*	Middle	Last*				
Maiden (if applicable)_	Pre	eferred FirstDate of Birth*				
Gender*	Social Security Number**	Country of Citizenship: US Citizen Non-US Citizen Permanent Resident				
Home Phone*	Cell Phone*_	Receive Text Messages*				
Email*						
Mailing Address*						
City*	Sta	ate* Zip Code* County of Residence				
		(International applicants use name that appears on passport.) <sup>‡</sup> Social Security Number is required in order to receive state and federal financial aid				
ENROLLMENT INFO	DRMATION *					
Enrolling as:  Freshman T	ransfer Readmit	Session:         Year:           ☐ Fall         ☐ Spring         ☐ Summer         ☐ 2019           ☐ 2020         ☐ 2020				
Second Undergradu	ate Degree 🔲 Other					
Major:		Location:  Charleston Beckley Online				
Course Load:	Time	Residency:  ☐ On-Campus ☐ Off-Campus (with Parent) ☐ Off-Campus (Independent)				
ACADEMIC HISTOR	Υ					
HIGH SCHOOL or GED/	TASC*					
School name	City	State Zip Code Date Degree Earned/ Expected				
COLLEGE						
School name	City	State Zip Code Date Degree Earned/ ☐ Yes Expected ☐ No				
School name	City	State Zip Code Date Degree Earned/				

PARENT/GUARDIAN	INFORMATION *				(Reguired for a	applicants under 18 years old)	
PARENT/GUARDIAN ONE	<u>:</u> *				( : 4 : : : : :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
First			Last				
Phone		Email					
Mailing Address							
City				_State	Zip Code		
PARENT/GUARDIAN TWO	<b>O</b> (Optional)						
First			Last				
Phone		Email					
Mailing Address							
City				_State	Zip Code		
Did your parent(s) or guardian(s) graduate from UC/MHC?							
EXTRACURRICULAR & ATHLETIC ACTIVITY INTERESTS  Check all that Apply  Check all that Apply  Check all that Apply							
Co-Ed  Cheerleading Choir Innovation/ Entrepreneurship Intramurals Student Government Young Life ROTC	Womens Softball Cross Country Basketball Golf Lacrosse Soccer Tennis Track Volleyball	Mens:  Basebal Basketh Cross C Football Golf Soccer Tennis Track Volleyba	oall ountry	☐ Air ☐ Arı ☐ Arı ☐ Co	Force Force NG my my NG ast Guard arines	STATUS:  Active Duty Dependent Reservist Spouse Veteran National Guard Years of Service	
ETHNICITY & RACIAL GROUPS ADDITIONAL INFORMATION							
ETHNICITY:  Hispanic/Latino Non Hispanic/Latino  Check all that Apply	(Optional)  RACE:  Asian Black/African Americ Hawaiian or Pacific Is Native American/Alas	lander	How did	you hear about	nvicted of a felon the University of ou are actively bei		
By my signature, I certify that the a	nswers I have given to all question	s on this application ar	e correct and comp	lete to the best of	my knowledge. I unders	stand that falsification or omission	

of information or credentials may result in revocation of admission. I also understand I must provide official transcripts from ALL educational institutions I have attended to complete the admissions process. I further give permission for my high school(s) and/or college(s) to release to the University of Charleston any transcripts or records necessary for the evaluation of my application for admission as requested by University of Charleston staff/faculty.

Signature\*

Date\*

The University of Charleston does not discriminate against any person because of race, color, religion, sex, national or ethnic origin, age, disability, or veteran status in the administration of its educational policies, scholarship and loan programs, admissions, employment, athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia.



