APPLICATION FOR ADMISSION

UNIVERSITY OF CHARLESTON

Thank you for applying to the University of Charleston. For your application to be processed, fields marked with an asterisk (*) are required. Supporting information is found on the back of the application.

DERGRADUAT

APPLICANT INFORMATION *

First*	Middle	Last*
Maiden(if applicable)	Preferred First	Date of Birth* / / /
Gender at Birth*	Gender Identity	Social Security Number* [‡] [_]
Citizenship Status*	US Citizen 🗌 Non-US Citizen 🗌 Permanent Re	Resident Receive Text Messages* 🗆 Yes 🗆 No
Phone*	□] Home 🗌 Cell * Contact Via Mobile* 🗌 Yes 🔲 No
Email*		
Mailing Address*		
City*	State*	Zip Code* County
Have you ever been c	convicted of a felony?* 🗆 Yes 🗌 No	(International applicants use name that appears on passport.) [‡] Social Security Number is required in order to receive state and federal financial aid +Contact methods may include automated calls or texts
NROLLMENT INFO	DRMATION *	
Enrolling as:	Major:	
🗌 Freshman	Accounting	🗌 English
🗌 Transfer	🗌 Applied Computer S	Science 🗌 Entrepreneurship

- □ Second Undergraduate Degree

Ye	ar:
\square	2021

□ 2022

□ Readmit

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Session: Fall

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Summer	

Course Load:

□ Full Time Part Time

Location:

- □ Charleston □ Beckley □ Online
- **Residency:**
- □ On-Campus⁺
- □ Off-Campus with Parent
- □ Off-Campus Independent

- omputer Science
- Biology
- □ Biomedical Sciences Concentration
- Data Analytics Concentration
- Environmental Biology Concentration
- General Biology Concentration
- □ Biology-Chemistry Dual Major
- Business Administration (Associates)
- Business Analytics
- □ Chemistry
- Data Analytics
- □ Communication
- □ Data Analytics
- Digital Marketing
- Digital Media Design
- Education
 - Elementary & Special Education
 - Elementary Education
 - Elementary Studies & Child Development
 - □ Secondary Special Education
- Entrepreneurship Exercise Science Financial Planning □ Health Promotion □ History/Political Science □ Management □ Multidisciplinary Studies □ Nursing - Associate's** □ Nursing - Bachelor's** Occupational Therapy Assistant⁺⁺ **Political Science** □ Criminal Justice Pre-Law □ Public Policy □ Psychology □ Radiologic Science**** □ Radiologic Technology** □ Sport Analytics □ Sport Business □ Sport Media

⁺First and second-year students are required to live on campus unless commuting from their permanent residence within 50 miles of campus. **Admission to UC does not guarantee admission to this program. Additional application form and credentials required. * Available at Beckley Campus Only

CADEMIC HISTORY				
HIGH SCHOOL or GED/TASC	*			
School name		City		_ State
Cumulative GPA	Graduation Year			award academic scholarship ithdrawal of admissions offe
Have you earned credits fro	om any college or university? 🛛 Yea	s 🗌 No If yes, list	the institutions you'	ve earned credits from
School name	City	State	Degree Ear	ned 🗌 Yes 🗌 No
School name	City	State	Degree Ear	ned 🗌 Yes 🗌 No
MERGENCY CONTACT				
First	l	_ast		
Relationship to applicant (parer	nt, sibling, grandparent, etc.)			
Phone	🗆 Home 🔲 Cell 🛛 Email			
Mailing Address (If different from ap	pplicant)			
City		State	Zip	Code
DDITIONAL INFORMAT				
Did your parent(s) or guardian	(s) graduate from UC/MHC?			🗆 Yes 🗌 No
Will any of your siblings be en	rolled at UC in the term you intend to sta	art classes?		🗆 Yes 🗌 No
Did your parent(s) or guardian(s) complete a bachelor's degree?				🗆 Yes 🗌 No
Are you active/retired military	or a military dependent?			🗌 Yes 🗌 No
XTRACURRICULAR AC	TIVITY INTERESTS	ETHNICITY & RAC	CIAL GROUPS	
Check all that Apply	(Optional) Check all that A	(Optional) Check all that Apply		
Band Choir Dance Team		Ethnicity:	Race: □ Asian □ Black/Africa	n American

- □ Innovation/Entrepreneurship
- ☐ Honors College
- Other ____

- Hawaiian or Pacific Islander □ Native American/Alaskan Native
- □ White

By my signature, I certify that the answers I have given to all questions on this application are correct and complete to the best of my knowledge. I understand 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.



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