



# Dual Admission Application



## Personal Information

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Permanent Address: Street or P.O. Box, City, State, Zip+4 \_\_\_\_\_

Mailing Address (if different): Street or P.O. Box, City, State, Zip+4 \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Have you ever been enrolled in school under any other name(s)?  Yes  No If yes, please provide the name(s) you were enrolled under: \_\_\_\_\_

## Additional Personal Information

Gender:  Female  Male Date of Birth: \_\_\_\_\_

Ethnicity: Are you Hispanic/Latino?  Yes  No

Please check one or more:  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian or other Pacific Islander  White

With what race or ethnicity do you most closely identify?  White (not of Hispanic origin)  Black (not of Hispanic origin)

Hispanic  Asian or Pacific Islander  American Indian or Alaska Native

Have you been convicted of any offense other than a misdemeanor or minor traffic violation?  Yes  No If yes, please explain on a separate sheet. \_\_\_\_\_

Disclosure of additional personal data is optional and will in no way affect a decision concerning your application. ALL RESPONSES to questions of ethnicity are strictly optional and will in no way affect admissions. Shepherd University requests that these questions be completed to assist the University in complying with its obligation under state and federal law to attempt to collect these data. Periodically we are required to report the statistical totals in various reports, including the annual EEO/AA Plan published by the Affirmative Action Officer

## Contact Information

Last Name	First Name	Middle Name	Address
Mother:			
_____	_____	_____	_____
Father:			
_____	_____	_____	_____

Is either parent a Shepherd graduate?  Yes  No If yes, please list name and graduation year:

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Check here if you are a first generation student** (neither of your parent(s)/guardian(s) with whom you reside has completed a four-year college degree)

## Emergency Contact

Last Name	First Name	Middle Name	Relationship
_____	_____	_____	_____

Address: Street or P.O. Box, City, State, Zip+4 \_\_\_\_\_ Phone \_\_\_\_\_

## Residency

Are you a citizen or permanent resident alien of the United States? (Please provide copy of PR card)

Yes  No If no, what is your visa status? Visa type: \_\_\_\_\_

## Enrollment Information

Semester you plan to begin:

Fall \_\_\_\_\_ (year)  Spring \_\_\_\_\_ (year)  Summer \_\_\_\_\_ (year)

Check all that apply:  Transfer  Readmit

Housing status:  Residence Hall  Commuter

Please note that all unmarried students are required to live on campus unless they commute from home (living with parent or legal guardian).

## Major Field of Study or Interest

Please check the major you are planning to study and add a concentration where required. (See UNDERGRADUATE PROGRAMS OF STUDY)

### Bachelor's Degree Programs:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Accounting                              | <input type="checkbox"/> English _____                | <input type="checkbox"/> Recreation and Leisure Studies _____      | <input type="checkbox"/> Health 5-Adult                 |
| <input type="checkbox"/> Art _____                               | <input type="checkbox"/> Environmental Studies _____  | <input type="checkbox"/> Regents Bachelor of Arts                  | <input type="checkbox"/> Mathematics 5-Adult            |
| <input type="checkbox"/> Biology _____                           | <input type="checkbox"/> Family and Consumer Sciences | <input type="checkbox"/> Secondary Education ( <b>Select one</b> ) | <input type="checkbox"/> Mathematics 5-9                |
| <input type="checkbox"/> Business Administration _____           | <input type="checkbox"/> History _____                | <input type="checkbox"/> Art Pre K-Adult                           | <input type="checkbox"/> Music Education                |
| <input type="checkbox"/> Chemistry _____                         | <input type="checkbox"/> Mass Communication           | <input type="checkbox"/> Biology 9-12                              | <input type="checkbox"/> Physical Education Pre K-Adult |
| <input type="checkbox"/> Computer and Information Sciences _____ | <input type="checkbox"/> Mathematics _____            | <input type="checkbox"/> Chemistry 9-12                            | <input type="checkbox"/> Social Studies 5-Adult         |
| <input type="checkbox"/> Computer Engineering _____              | <input type="checkbox"/> Music _____                  | <input type="checkbox"/> English 5-Adult                           | <input type="checkbox"/> Social Studies 5-9             |
| <input type="checkbox"/> Economics                               | <input type="checkbox"/> Nursing                      | <input type="checkbox"/> English 5-9                               | <input type="checkbox"/> Spanish Education              |
| <input type="checkbox"/> Elementary Education _____              | <input type="checkbox"/> Political Science _____      | <input type="checkbox"/> Family and Consumer Sciences 5-Adult      | <input type="checkbox"/> Social Work                    |
|  | <input type="checkbox"/> Psychology _____             | <input type="checkbox"/> General Science 5-Adult                   | <input type="checkbox"/> Sociology _____                |
|  |   |  | <input type="checkbox"/> Spanish                        |
|  |   |  | <input type="checkbox"/> Undeclared                     |

## Athletic Interest

- |   |                                       |   |   |  |                                       |
|---|---------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Baseball         | <input type="checkbox"/> Men's Golf   | <input type="checkbox"/> Softball           | <input type="checkbox"/> Women's Soccer     | <input type="checkbox"/> Cheerleading (club)   | <input type="checkbox"/> Rugby (club) |
| <input type="checkbox"/> Football         | <input type="checkbox"/> Men's Soccer | <input type="checkbox"/> Women's Basketball | <input type="checkbox"/> Women's Tennis     | <input type="checkbox"/> Cross Country (club)  |                                       |
| <input type="checkbox"/> Men's Basketball | <input type="checkbox"/> Men's Tennis | <input type="checkbox"/> Women's Lacrosse   | <input type="checkbox"/> Women's Volleyball | <input type="checkbox"/> Men's Lacrosse (club) |                                       |

## Academic Information

High School	City	State/Country	Date of Graduation
Did you receive a GED?		If yes, location and date	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date you did or will take ACT	Date you did or will take SAT	Date you did or will take TOEFL/IELTS	

## Other Colleges or Universities Attended

School Name	City	State/Country	Date Entered	Date Left	Degrees Completed & Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you been suspended or expelled for academic or disciplinary reasons?	If yes, are you currently eligible to return to that institution?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have been suspended or expelled, or are ineligible to return to your previous institution, you will be required to provide additional information from your previous institution(s) regarding the specifics of the suspension/expulsion. This information will be required for admission and course registration.

## Signature

I certify that all statements in this application are complete and true. I understand that any willful misrepresentation of information may be grounds for denial of my admission and dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_