

Application for Admission



COLLEGE OF
BUSINESS AND
MANAGEMENT

Legal Name _____
Last First Middle Previous Name(s)

Preferred Name _____
Social Security Number _____

Address _____
Number and Street

City State ZIP

(Area Code) Home Phone Number (Area Code) Cell Phone Number (Area Code) Work Phone Number

E-mail Address _____
(PLEASE PRINT CLEARLY)

Male Female Date of Birth _____
Month Day Year

MILITARY STATUS Not Applicable Active Veteran Separation Date _____ Branch _____
If in Air Force 1980 or after, contact Community College of the Air Force (CCAF) for transcript.

CITIZENSHIP U.S. Citizen
 Permanent Resident (immigrant) Alien Registration Number _____
 Non-Immigrant Alien Is I-20 required? Yes No
If you are not a U.S. citizen, please list your country of citizenship. _____

*ETHNICITY Black/Non-Hispanic Hispanic American Indian/Alaskan Native
 White Non-Hispanic Asian/Pacific Islander Please Specify _____
*Optional information for statistical purposes only.

What month do you wish to begin classes? _____ What general location do you prefer? _____

Are you interested in applying for financial aid (student loans and/or grants)? Yes No

Will you receive any employer reimbursement for your courses? Yes No

If so, describe the conditions and amounts of reimbursement. _____

If paying out of pocket, what is your preferred method of payment? Course by Course In Full (Per Period)

Program Requested (All students must complete this section in ink.)

- | | |
|---|--|
| <input type="checkbox"/> Associate of Science in Business | <input type="checkbox"/> Master of Business Administration |
| <input type="checkbox"/> Bachelor of Science in Business Administration | <input type="checkbox"/> Master of Science in Management |
| <input type="checkbox"/> Bachelor of Science in Human Services Management | <input type="checkbox"/> Certificate in Contemporary Team Management |
| <input type="checkbox"/> Bachelor of Science in Management | <input type="checkbox"/> Certificate in Human Resource Management |
| <input type="checkbox"/> Bachelor of Science in Public Safety Management | <input type="checkbox"/> Certificate in Project Management |
| <input type="checkbox"/> Bachelor of Science in Strategic Management of Information Systems | <input type="checkbox"/> Certificate in Sales and Sales Management |

Candidacy Information Please select one

- Special Student - I am non-degree seeking and applying for 12 credits or less New Student - I have never attended Stritch before
 Returning Student / Change of Program - I have attended a Stritch (College of Business and Management) program within the last 6 months.

Current Program _____ Requested Program _____

Student ID# _____

- Reentry Student - I have been a Stritch (College of Business and Management) student in the past, but not for the last 6 months.

Dates Attended _____ Group# _____ Student ID# _____

Have you attempted to earn any college credits since attending Stritch? Yes No

Educational Background

Applicants must submit official transcripts of ALL college credits. An official transcript must be sent directly from each previously attended institution to Stritch. Omitted transcripts will jeopardize acceptance/continuance in the program.

Name of School	City and State	Dates Attended	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Experience/Employment

Please fill out this section completely, and do not attach a resume.

Undergraduate Students: Please document two years of full-time work experience since high school. Associate students may include experience as a homemaker, volunteer or military experience.

Graduate Students: Please document three years of full-time managerial work and/or related experience. Please provide this history, beginning with the current employer. Students will be contacted if additional information is needed.

Current Employer _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Full-Time or Part-Time _____ From (mo./yr.) _____ To (mo./yr.) _____
(Circle One)

Job Description/Responsibilities _____

Employer _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Full-Time or Part-Time _____ From (mo./yr.) _____ To (mo./yr.) _____
(Circle One)

Job Description/Responsibilities _____

Employer _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Full-Time or Part-Time _____ From (mo./yr.) _____ To (mo./yr.) _____
(Circle One)

Job Description/Responsibilities _____

Entrance into the program will be contingent on Stritch's receipt of all official college transcripts, meeting the minimum grade point average requirement, and completion of the Admission Assessment.

An application fee of \$20 should accompany this application. This fee covers Stritch's evaluation of all transcripts and documents.

READ CAREFULLY AND SIGN

I authorize Cardinal Stritch University to correspond with me via e-mail or any other means of communication necessary for me to attend the university. All information contained herein is true and complete to the best of my knowledge, and, if admitted, I agree to observe all the rules and regulations of Cardinal Stritch University. I understand that false or omitted information will jeopardize my admission to Cardinal Stritch University, and I may be subject to a \$10,000 fine, a prison sentence, or both. I certify that I do not owe a refund on any grants, I am not in default on any loan and have not borrowed in excess of loan limits, under the Title IV programs, at an institution. I will use all Title IV money received only for expenses related to study at Cardinal Stritch University.

SIGNATURE

DATE