Application for Admission

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.)

☐ **Associate of Science in Business**
☐ **Bachelor of Science in Business Administration**
☐ **Bachelor of Science in Human Services Management**
☐ **Bachelor of Science in Management**
☐ **Bachelor of Science in Public Safety Management**
☐ **Bachelor of Science in Strategic Management of Information Systems**

☐ **Master of Business Administration - General**
☐ **Master of Business Administration - Healthcare Management**
☐ **Master of Business Administration - Global Business**
☐ **Master of Science in Management**
☐ **Certificate in Human Resource Management**
☐ **Certificate in Project Management**
☐ **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

Since graduation from high school or completion of a GED have you attended any classes at a college, university or technical school ? ☐ Yes ☐ No

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 (Circle One) From (mo./yr.) _____To (mo./yr.) _____

Job Description/Responsibilities _____

Employer _____

Address _____ City _____ State _____ ZIP_____

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

Job Description/Responsibilities _____

Employer _____

Address _____ City _____ State _____ ZIP_____

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

Job Description/Responsibilities _____

Have you ever been convicted of a felony ? ☐ Yes ☐ No If yes, please explain the circumstances of the felony conviction:_____

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

Cardinal Stritch University is registered as a private institution with the Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.