

Columbia Union College
Admission Application

ADMISSIONS OFFICE

800-835-4212

UNDERGRADUATE PROGRAM

Receipt # _____

Please submit your application typed or printed legibly.

Planned CUC enrollment: Fall Spring Summer Year of _____ Applying as: Freshman Transfer student Returning student to CUC

I would like more information on the following: Athletics Campus Ministries Music Programs

PERSONAL DATA

Social Security number _____/_____/_____

Legal name _____
Last First Middle/Maiden

Permanent address _____
Number Street

City _____ State _____ Zip _____ County _____

Telephone number (____) _____ (____) _____
Home Work/School/Other (specify) e-mail address

Current address _____
Number Street

City _____ State _____ Zip _____

To whom should the bill be sent?

Dr., Mr., Ms. _____ Relation to student _____

Address _____
(If different from permanent address)

Telephone number _____ Are you eligible for tuition assistance as a son/daughter of an SDA employee(s)? Yes No

RESIDENCE WHILE ATTENDING CUC

- Halcyon Hall (women) Living with parents Living with relatives*
- Morrison Hall (men) Married Non-dorm*

**Single students under 22 who want to live off-campus either alone or with someone other than their parents must file a petition with the Student Services Office.*

*Address _____

*Telephone _____

Admission is granted without regard to race, gender, handicap, or national origin.

GENDER: Female Male MARITAL STATUS: Single Married Other

Birthdate _____ Religious Affiliation _____
Month/Day/Year

If Seventh-day Adventist, please give Conference _____

CITIZENSHIP: U.S. Permanent Resident Alien Registration# _____

Other Country _____ Visa Type _____

Country of Birth _____ Native Language _____

RACE: U.S. Citizens and Permanent Residents only:

- Asian/Pacific Islander Hispanic White/Caucasian
- African-American Native American or Alaskan Other _____

Please mail completed form, \$25 application fee, transcripts and two recommendation forms to:
CUC Admissions Office, 7600 Flower Avenue, Takoma Park, MD 20912-7796.

Columbia Union College

ADMISSION STATUS

- First time in any college
 Transferring with 24 credits or more
 Postgraduate seeking second bachelor's degree
 Returning to CUC: Date last enrolled _____
- Transferring with less than 24 credits
 Postgraduate seeking teacher certification
 Licensed RN seeking four-year nursing degree

DEGREE SOUGHT

- Bachelor's (four-year) Associate's (two-year) None

Please select undergraduate majors and numerical codes from the list of majors available.

Major _____ Code _____ Second Major _____ Code _____ Minor _____ Code _____
Pre-professional _____ Code _____ Career or professional plans _____

EDUCATIONAL DATA

HIGH SCHOOL INFORMATION

Name of High School _____

City _____ State _____ Zip _____

Date of graduation _____ Other secondary school completion certificates:
(GED, GCE, GCSE, WASC, CXC, KSCE, etc.)

Have you taken the ACT or SAT test? Yes No Type _____ Date received _____

If you have not been attending school for more than one year, please check here.

PREVIOUS COLLEGES OR UNIVERSITIES ATTENDED

Institution	City	State	Dates attended	Credits earned	Degree earned

If you are enrolled in another college, please check here. *If needed, please use additional paper.*

Please arrange to have an official transcript sent to the Columbia Union College Admissions Office from each of the schools listed above. Foreign documents must have an official translation (if necessary) and an official evaluation from a recognized foreign evaluation service. A list of recognized services may be obtained from the Admissions Office.

CAMPUS SECURITY

- Yes* No Have you ever been convicted or plead guilty or no contest with regard to any criminal or military offense, excluding minor traffic violations?
- Yes* No Have you ever been academically dismissed from, declared ineligible to attend or incurred disciplinary action at any previous institution?

*Consistent with the federal Campus Security Act, if you answer "Yes" to either, please attach a letter of explanation. Include in that letter your name, social security number and date (s) of incident(s).

STUDENT AGREEMENT

Columbia Union College is committed to providing a drug-free environment. Because of this commitment, CUC expects each citizen of the college community to remain drug-free, abstaining from the use of illegal drugs, alcoholic beverages, tobacco products, and from abuse of prescription medicines. The manufacture, possession, distribution or use of illegal drugs and the use of alcohol or tobacco is strictly prohibited.

I have read and understand the conditions of the Substance Abuse Policy, and it is my intention to comply.

I certify that the information given in this application is true and correct to the best of my knowledge. I recognize that withholding or misrepresenting information may result in cancellation of my acceptance.

By my signature, I pledge to adhere to and respect the principles and regulations of Columbia Union College, as stated in the Lifestyle Statement, the Student Handbook and the Substance Abuse Policy.

Signature of Applicant _____ Date _____