

ACADEMY COLLEGE ADMISSION APPLICATION

Catalog #29 | 2018-2020 | Revised October 10, 2018

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	M.I.:	DATE OF BIRTH:
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE NUMBER	EMAIL ADDRESS:		
PLEASE INDICATE YOUR STATUS: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Neither		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES TO DESCRIBE YOURSELF:			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or more	<input type="checkbox"/> Other
ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	WILL YOU BE APPLYING FOR VETERANS BENEFITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF HIGH SCHOOL:	LOCATION:		
DATE OF GRADUATION:	IF GED, YEAR RECEIVED:		

POST HIGH SCHOOL EDUCATION (List all colleges, universities, technical schools, etc. you have attended)

NAME OF SCHOOL	DATES ATTENDED:	DEGREE	MAJOR:

DO YOU WISH TO TRANSFER CREDITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	WILL YOU BE APPLYING FOR FINANCIAL AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	SAT OR ACT SCORE IF APPLICABLE:
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PROGRAM SELECTION

PROGRAM (as listed in catalog)	DEGREE: <input type="checkbox"/> BS <input type="checkbox"/> AAS	START DATE:	ENROLLMENT STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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APPLICATION FEE AND ACCEPTANCE OF TERMS

A non-refundable application fee must accompany this completed application. Please have transcripts from any schools listed on this application form forwarded to us as soon as possible. I grant Academy College permission to provide to a third party or parties any or all of the information which is contained in the school's student or graduate files and records of myself, and information which is usual and normal in the conduct of business of a school. Notwithstanding anything to the contrary, all tuition, fees, and other charges paid shall be refunded to students if written notice of cancellation is given within five (5) business days after the day on which the student application is accepted by the school, regardless of whether or not the program has started.

Application Fee: \$40.00 I have enclosed \$_____ for my application fee School Catalog Received: _____ (initials)

SIGNATURE OF STUDENT:	Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:
IF UNDER 18 YEARS OF AGE, SIGNATURE OF GUARDIAN:	RELATIONSHIP:	DATE:

My signature above indicates that I understand that the school catalog is the complete statement of all terms and conditions of my contract with Academy College. This agreement becomes a legally binding instrument upon written acceptance of the student by Academy College unless canceled pursuant to the Refund Policy as stated in the school catalog.

