



**Application for
Undergraduate Admission**

Application for Undergraduate Admission

Please mail completed application to:

Admissions Office
College of St. Joseph
71 Clement Road
Rutland, VT 05701-3899

(802) 776-5286
Toll free: (877) 270-9998
admissions@csj.edu

FAFSA financial aid code: 003685
SAT Code for CSJ: 3197
ACT Code for CSJ: 4230

Immunization records are required prior to attending classes.

I am applying for the STEPS program

How did you first learn about CSJ?

- College Fair A CSJ Admissions Rep. visited my high school TV/Radio Newspaper
 CSJ Alumni CSJ Trustee CSJ Student CSJ Coach Website: _____
 Teacher Coach Guidance Counselor Family Member Friend I live in the area

Name of person who referred you? _____

General Information

Please type or print in blue or black ink

Preferred title: Mr. Mrs. Ms.

Name _____ Former last name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

Social Security# _____ Date of Birth _____

Email Address _____ Male Female

Permanent Address (if different from mailing address) _____

City _____ State _____ Zip Code _____

Place of Birth _____
City _____ State _____ Country _____

Country of Citizenship: US Citizen Permanent Resident holding a Green Card Other _____

Is your first language English? Yes No If not, what is your first language? _____

Ethnic background: (Optional)

Check here if you are of Hispanic or Latino background

If you are not of Hispanic or Latino background, please mark all boxes that apply to you:

- Black or African-American American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Asian White

Religious affiliation: (Optional)

- Catholic
 Protestant
 Jewish
 Other: _____

Application Checklist

- Completed Application Form
 - Application Fee of \$25.00 payable to: College of St. Joseph
 - Essay
 - Official High School Transcripts
(in a sealed envelope from the high school)
 - Two Academic Letters of Recommendation
(from a counselor, teacher, advisor or professor)
 - SAT or ACT Scores
 - Transfer students please also include:
All Official College Transcripts
(in a sealed envelope from the college)
- INTERNATIONAL STUDENTS must also include:**
- One letter of recommendation from a teacher of English
 - TOEFL, ELS or IELTS Scores
 - Financial Verification
- All transcripts must be officially translated.

Essay Question: Please provide an essay discussing a goal or achievement that is especially important to you.
The essay must be 200-400 words typewritten.

Anticipated Enrollment *(Please check appropriate boxes)*

Semester of entrance: Fall 20_____ Spring 20_____

Application type: Freshman Transfer student

Will you attend: Full-time Part-time

Do you intend to apply for housing on campus? Yes No

Do you intend to apply for financial aid? Yes No

Have you previously been enrolled at CSJ? Yes No If yes, dates of enrollment _____

Academic Area of Study

I am undecided about my program of study at this time.

The following majors are available as Associate (A) and Bachelor (B) degree programs as indicated below. Please check your desired program of study.

Accounting (A, B)

Alcohol & Substance Abuse Services (B)

Business Administration (A, B)

Criminal Justice (A, B)

Elementary Education (B)

English (B)

History (B)

Human Services (A)

Human Services-Child and Family Services (B)

Human Services-Community Development & Counseling (B)

Liberal Studies (A, B)

Psychology (B)

Radiography (A, B)

Radiography/Management (B)

Secondary Education/English (B)

Secondary Education/Social Studies (B)

Sports Management (B)

Please check the box of the degree program you wish to pursue.

Associate Degree Bachelor Degree

To what other colleges are you applying? _____

Educational Background

Please list all high schools you have attended listing the most recent first:

Dates of Attendance	Name of High School	City and State	Graduation Date
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Guidance Counselor: _____ Phone: () _____

Have you taken or will you take the SAT or ACT? Yes No

If yes, please give dates: SAT _____ ACT _____

Briefly describe any academic distinctions or honors you have received: _____

Have you ever been suspended or expelled from any high school? No Yes If yes, please explain on a separate sheet.

TRANSFER STUDENTS

Please list all colleges and universities you have attended listing the most recent first:

Dates of Attendance	Name of Institution	City and State	Graduation Date	Degree Earned
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Have you ever been dismissed from any college? No Yes If yes, please explain on a separate sheet.

Extracurricular Activities

Please list all activities, sports, clubs, and community service as well as the years you participated. Check column C for activities you wish to participate in at CSJ.

Activity / Sport	9	10	11	12	C	Position	Awards

Employment Background

Employer Name, City, State	Position Held	Dates Employed	Hours/Week

Family Information

Do you have any relatives who have attended CSJ? Yes No

If yes please indicate name, relationship and class year: _____

Please list your brothers and sisters, ages and any college they have attended: _____

Mother/Guardian 1	Father/Guardian 2
<input type="checkbox"/> Please check if you are in a foster care program.	(if you are married please provide spouses information)
Last Name _____ First Name _____ MI _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Living? <input type="checkbox"/> Yes <input type="checkbox"/> No Home address if different from yours: _____ _____ Home Phone: () _____ Occupation: _____ Employer: _____ Level of education: <input type="checkbox"/> Some HS <input type="checkbox"/> HS diploma <input type="checkbox"/> Technical certificate <input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some graduate school <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate College attended: _____	Last Name _____ First Name _____ MI _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian Living? <input type="checkbox"/> Yes <input type="checkbox"/> No Home address if different from yours: _____ _____ Home Phone: () _____ Occupation: _____ Employer: _____ Level of education: <input type="checkbox"/> Some HS <input type="checkbox"/> HS diploma <input type="checkbox"/> Technical certificate <input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some graduate school <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate College attended: _____

Parents' marital status: Never Married Married Widowed Separated Divorced (year: _____)

Have you ever been convicted of a felony? No Yes If yes, please explain on a separate sheet.

Signature of Applicant:

I CERTIFY THAT the above information is complete and correct. I further understand that falsification or failure to supply correct information may lead to the disqualification of my application for admission to the College of St. Joseph.

Signature of Applicant _____
Date