



# **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: 3297  
ACT Code for CSJ: 4230

## 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.

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: \_\_\_\_\_

**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.*

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting (A, B)                                     | <input type="checkbox"/> Liberal Studies (A, B)                   |
| <input type="checkbox"/> Alcohol & Substance Abuse Services (B)                | <input type="checkbox"/> Management (B)                           |
| <input type="checkbox"/> Business Administration (A, B)                        | <input type="checkbox"/> Psychology (B)                           |
| <input type="checkbox"/> Criminal Justice (A, B)                               | <input type="checkbox"/> Professional Studies-Health Services (B) |
| <input type="checkbox"/> Elementary Education (B)                              | <input type="checkbox"/> Radiography (A, B)                       |
| <input type="checkbox"/> English (B)   | <input type="checkbox"/> Radiography/Management (B)               |
| <input type="checkbox"/> History (B)   | <input type="checkbox"/> Secondary Education/English (B)          |
| <input type="checkbox"/> Human Services (A)                                    | <input type="checkbox"/> Secondary Education/Social Studies (B)   |
| <input type="checkbox"/> Human Services-Child and Family Services (B)          | <input type="checkbox"/> Sports Management (B)                    |
| <input type="checkbox"/> Human Services-Community Development & Counseling (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
-	_____	_____	_____
-	_____	_____	_____
-	_____	_____	_____

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
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____

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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>Mother/Guardian 1</b> <input type="checkbox"/> Please check if you are in a foster care program.</p> <p>_____          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: _____</p>	<p><b>Father/Guardian 2</b> (if you are married please provide spouses information)</p> <p>_____          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: _____</p>
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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.