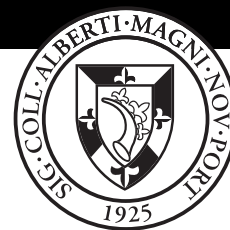


# Albertus Magnus College

Application for Admission



## Albertus Magnus College contact information:

700 Prospect Street, New Haven, CT 06511

T: (800) 578-9160 F: (203) 773-5248 W: www.albertus.edu

### Freshman Application Requires:

- Completed Application with \$35 application fee
- Official Copy of High School Transcript
- Official SAT I or ACT Scores
- Guidance Counselor/Teacher Recommendation
- Personal Essay

### Transfer Application Requires:

- Completed Application with \$35 application fee
- Official Transcripts of all colleges attended
- Official Copy of High School Transcript
- Official SAT I or ACT Scores
- Personal/Employer/Professor recommendation
- Personal Essay

\* Please note that the high school transcript and SAT/ACT requirements are waived for those students with at least 60 transferable credits.

**Note: If you are applying for AMC's Accelerated Degree Program or New Dimensions Program, you must complete a different application.** Please call the Accelerated Degree Program (203-773-8505) or New Dimensions (203-777-0800) to receive an application.

### Enrollment Status (Please circle all that apply):

Fall Term (yr) \_\_\_\_\_ Full-Time      First Year      Female      Single  
Spring Term (yr) \_\_\_\_\_ Part-Time      Transfer      Male      Married  
I plan to live    on campus      off campus

Full Name

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
PREFERRED NAME \_\_\_\_\_

Mailing Address

NUMBER & STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Home Telephone (      ) \_\_\_\_\_ Cellular Telephone (      ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  If no, what is your country of citizenship? \_\_\_\_\_

Is English your first language? Yes  No, it is \_\_\_\_\_

If you are a permanent resident, please provide a copy of your immigration documentation and list your alien registration# \_\_\_\_\_

## Academic Information:

**Have you earned college credits?**    Yes     No

Please list all high schools and colleges/universities you have attended:

### High School:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grad Year \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### College:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

### Guidance Counselor/Advisor:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Have you taken the:     ACT    Date taken \_\_\_\_\_ Date scheduled \_\_\_\_\_

SAT    Date taken \_\_\_\_\_ Date scheduled \_\_\_\_\_

English Proficiency (TOEFL)    Date taken \_\_\_\_\_ Date scheduled \_\_\_\_\_

### Areas of Study

Accounting	Creative Writing	Industrial/Organizational Psychology	Pre-Medicine
Art	Criminal Justice	International Business	Promotional Communications
Art Therapy	Dramatic Studies	Management	Psychology
Biology	Education	Marketing Management	Spanish
Business Administration	English	Mathematics	Social Science
Business Management	Finance	Philosophy and Religion	Social Work and Social Welfare
Chemistry	General Studies	Peace and Justice	Sociology
Child Development	Global Studies	Performance Communications	Sports Communications
Communications	Graphic Design	Photography	Sport Management
Computer Information Systems	History	Political Science	Studio Art
Counseling/Mental Health	History of Art	Pre-Law	Urban Studies
	Humanities		Visual Communications
	Human Services		

Possible areas of academic interest: \_\_\_\_\_  
 \_\_\_\_\_  Undecided

## Family Information:

I live with:            Both Parents                Mother                    Father          
                                 Guardian                    Spouse                    Independent      
                                 Other \_\_\_\_\_

Father's/Guardian's Full Name:	LAST	FIRST	MIDDLE
Mailing Address:	NUMBER & STREET		
	CITY	ST	ZIP CODE
	COUNTRY		
Home Telephone (    )	Business Telephone (    )		
Employer and position _____			
Father's Education _____			

Mother's/Guardian's Full Name:	LAST	FIRST	MIDDLE
Mailing Address:	NUMBER & STREET		
	CITY	ST	ZIP CODE
	COUNTRY		
Home Telephone (    )	Business Telephone (    )		
Employer and position _____			
Mother's Education _____			

Are any of your relatives Albertus Magnus College graduates?    Yes     No

Names: \_\_\_\_\_

How did you first learn of Albertus Magnus College?  
\_\_\_\_\_

Have you ever been dismissed or suspended from a school or college?    Yes     No

If yes, for what reason?    Academic     Disciplinary

If yes, please explain on a separate sheet.

Have you ever been convicted of a misdemeanor or a felony?    Yes     No

If yes, please explain on a separate sheet.

**Extracurricular Information:**

**CLUBS/PUBLICATIONS/STUDENT GOVERNMENT:**

Activity	Year(s) Involved	Positions Held/Honors	Participate in College?

**ATHLETICS:**

Activity	Year(s) Involved	Positions Held/Honors	Participate in College?

**THEATRE/MUSIC/ART:**

Activity	Year(s) Involved	Positions Held/Honors	Participate in College?

**EMPLOYMENT/HOBBIES/VOLUNTEER WORK:**

Activity	Year(s) Involved	Positions Held/Honors	Indicate Paid or Volunteer Position

**The following information is not required, but it is useful data and is requested on a voluntary basis:**

What other colleges are you applying to?

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**Ethnic Background**

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- American Indian / Alaskan Native
- Black (non-Hispanic)
- Asian/Pacific Islander
- Hispanic
- White (non-Hispanic)
- Non Resident Alien

## Personal Essay

Please use the following essay question to prepare a writing sample OR submit an essay of your own design (minimum expectation 250 words):

***Construct an essay outlining your reasons for selecting Albertus Magnus College and how they relate to your career goals.***

## Financial Aid

**The Office of Admission will not use the following information as a basis for admission decisions.**

Will you be applying for financial aid?

Yes  No

If yes, please note that the Free Application for Federal Student Aid form (FAFSA) must be completed by February 28th (March 15th for transfer students) to receive first priority for awarding funds.

My signature below indicates that all the information in my application is complete, factually correct and honestly presented. I understand that withholding information requested in this application or giving false information may make me ineligible for admission to Albertus Magnus College.

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***Student Signature***

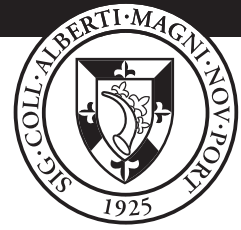
***Date***

Please contact the Office of Admission at 1-800-578-9160 if you are interested in touring the campus, arranging an interview with an admission counselor, or sitting in on a class.

Albertus Magnus College welcomes applications from students of all ages, all nationalities and all ethnic, racial, and religious groups. Albertus Magnus College does not discriminate on the basis of race, national origin, gender, religion, age, sexual orientation, or disability.



# Recommendation Form



## TO STUDENT:

Please enter your name and college entrance date on the lines below and submit this form to your guidance counselor or teacher, with a **stamped envelope**.

## TO GUIDANCE COUNSELOR/TEACHER:

(Student's Name) \_\_\_\_\_ has applied for admission to Albertus Magnus College.

Start Term: Fall 20 \_\_\_\_\_ or Spring 20 \_\_\_\_\_.

We appreciate your help in evaluating this student's academic ability. We are interested in a frank and objective statement of your impressions of this applicant.

Please return this form at your earliest convenience to the Office of Admission. We thank you for your cooperation and assure you that your report will be kept confidential.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
High School /College /Company

\_\_\_\_\_  
City

\_\_\_\_\_  
State

1. Please tell us about the applicant's academic ability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please tell us about the applicant's special aptitudes, achievements and personal qualities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you aware of any problems which have limited the applicant's development and may affect performance in college?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I recommend this applicant for admission to Albertus Magnus College with / without reservation.**

(please circle)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Current Telephone No.

**Please mail to: Office of Admission, Albertus Magnus College, 700 Prospect Street, New Haven, CT 06511**  
**You may also fax your recommendation to (203) 773-5248. Please contact us at (800) 578-9160 with any questions or concerns.**

