FAIRLEIGH DICKINSON – COMMUNITY COLLEGE PARTNERSHIP PROGRAM APPLICATION FOR ADMISSION

Please check appropriate program pr	ogram				
Bachelor's Degree Program Graduate Certificate Program		nelor's Degree & Mas e Program	ster's Degree P	rogram	
Personal data					
Last Name	First Name	MI	Ν	Maiden Nar	ne
Number & Street City State Zip					
() Home Phone	() Cell Phone		E-mail		
()Business Phone	() Business Fax		E-mail		
Will you apply for tuition reimbursen		YesN			
Social Security Number	Date o	f Birth	Gender:	Male	Female
This question is optional. Personal i provide the information will not resu		ential as part of the a	dmissions proce	ess; refusal	l to
1) Are you Hispanic/Latino?	/es No				
2) Please check all that apply					
American Indian or Alaskan N	lativeAsian-Ame	erican	African-A	merican	
Hawaiian/Pacific Islander	White	-	Other		
Please indicate your intended	academic program (See A	cademic Program Ch	art on previous	page.)	
Major Code		-	-		
When do you plan to enroll in	he Fairleigh Dickinson –	Community Colle	ge Partnersh	ip Progra	m?
Fall 20 S	•	-	J = = = = = = = = = = = = = = = = = = =		
Intended admission status:					
Degree/Certificate Seeking S	•	Ţ.			
Full-Time (Undergraduate, 12					
Part-Time (Undergraduate, le			er semester)		
Evening Classes	Saturday Classe	S			
Are you a member of Phi Theta Kap	pa? Yes No If	yes, please attach co	ppy of certificate	9.	
Are you currently enrolled as a NJ S	TARS student? Yes	s No			
Are you currently serving or have you If yes, what branch of the M	u previously served in the U.S ilitary are you/have you serve				
Have you previously applied for adn If yes, when?	nission to Fairleigh Dickinson		_Yes	_ No	
Citizenship Information					

Are you a U. S. Citizen? _____ Yes _____ No If no, and you are a Permanent Resident, please attach a copy of your Green Card to this application. If you are not a U.S. Citizen or Permanent Resident, please attach a copy of your Visa to this application.

Educational History

Please list below, the names of all colleges, universities, professional and technical schools attended.

School	Location	From To Dates Attended
Major / Area of Study	Degree or Number of Cre	edits Completed Overall GPA
School	Location	From To Dates Attended
Major / Area of Study	Degree or Number of Cre	edits Completed Overall GPA
School	Location	From To Dates Attended
Major / Area of Study	Degree or Number of Cre	edits Completed Overall GPA
Please indicate any academic honors	or awards you have received	

Please discuss your academic objectives and provide any information, including relevant work experience, that you believe would be helpful to the Admissions Committee when reviewing your application. Please use an additional sheet if necessary._____

Please read carefully and sign:

I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I authorize the University to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided.

Signature

Date

Please return the completed form to Office of University Parnerships at ccp@fdu.edu or via fax to 201-692-7305. Questions may be directed to 201-692-7310.

If you wish to provide additional information in support of your application you may do so. Such information will be held in strict confidence.

Fairleigh Dickinson University is committed to providing equal opportunity to all quali ied persons and does not discriminate on the basis of race, religion, creed, national origin, sex, disability, age, sexual preference, sexual orientation, marital status, military status or veteran's status with regard to recruitment, admission or matriculation.