St. Vincent's College

2800 Main Street
Bridgeport, Connecticut 06606
203.576.5513
800.873.1013
203.576.5318 (fax)
www.stvincentscollege.edu

Please indicate program and semester for which you are applying.

_____ Nursing (day)
_____ Nursing (evening)
_____ Radiography
_____ General Studies
_____ Medical Assisting

Spring _____ Fall _____
(Year) (Year)

This application must be submitted typed or printed in ink, signed and dated. In order for your application to be processed, enclose a non-refundable $50.00 check or money order payable to "St. Vincent's College."

APPLICATION DEADLINES
July 15 for the fall semester and December 1 for the spring semester.

Personal Information (please complete all information)

Name_____
Last First Middle
Maiden Name_____ Place of Birth_____

Address_____
Street City State Zip
Mailing address if different from above_____

Home Phone (____)_____ Work Phone (____)_____ Email _____

Social Security Number _____ Date of Birth_____ Male _____ Female _____

Indicate Citizenship Status: □ U.S. Citizen □ Permanent Resident □ Other Country of Citizenship _____

Is English your Native Language: □ Yes □ No If no, indicate your primary language:_____

Educational Background

Please add an addendum if you have attended more than one high school or more than four colleges.

Dates From To	Name of High School	City and State	Diploma Received

If you are not a high school graduate, do you have a G.E.D.?_____ G.E.D. Completion Date _____
Check here if you have NEVER attended college. _____
List all colleges/universities attended or any other formal education beyond high school.

Dates From To	Name of Institution	City and State	Major	Credentials Earned (Diploma, Certificate, Degree, No. of Credits)

Testing Information

If you are currently in high school, have you taken the SAT or ACT? Date(s):_____

If you are a foreign student, have you taken TOEFL? Date:_____

Employment Data

Please list current or most recent employment. ***Note:*** *If you have been out of school in excess of three years, a resume must be submitted with your application.*

_____

Most recent employer Position Dates of employment

_____

Street City State Zip Code

General Information

In case of emergency, please notify:

_____(____)_____

Full name/relationship Address Telephone Number

Do you have any relatives or friends attending or who have attended St. Vincent's? ___Yes ___No
(Please list name, relationship, class/year.)

_____

Have you previously applied for admission to SVC? _____Yes _____ No If yes, year _____

Have you previously enrolled here? _____Yes _____No If yes, major and year_____

How did you hear about St. Vincent's College? (please be specific)_____

The following information is **optional** and is requested for use on federal and state reports as well as institutional research. Supplying this information is not used in determination of one's eligibility for admission, nor will it be used in any type of discriminating manner.

Racial/Ethnic Background:

_____Black, non-Hispanic _____Hispanic

_____White, non-Hispanic _____Asian/Pacific Islander

_____American Indian/Alaskan Native _____Other:_____

Why do you want to attend St. Vincent's College? Use the space provided or you may attach your response.

_____

_____

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_____

I, the undersigned, apply for admission to St. Vincent's College. I understand that the students accepted for enrollment are expected to familiarize themselves with and abide by the regulations of the College as promulgated and understand my responsibility to do this. I agree that the information given on this application is true to the best of my knowledge. I further understand that any falsification or elimination of information will result in my acceptance to the College being rescinded.

ADMISSION TO ANY PROGRAM OFFERED AT ST. VINCENT'S COLLEGE IS PENDING A SUCCESSFUL HEALTH SCREENING AND CLEAR SECURITY/BACKGROUND CHECK.

_____

Signature Date

St. Vincent's College admits qualified students without regard to race, religion, color, age, sex, marital status, ethnic origin and handicap status to all rights, privileges, programs, and activities generally accorded or made available to students at the College. St. Vincent's does not discriminate in the administration of educational policies, admission policies, financial aid policies, and other College administered programs.

For Office Use Only

Date: _____ Fee Received: _____ Per: _____