



OFFICE OF ADMISSIONS

1530 Harden Street • Columbia, South Carolina 29204

Phone: 803-376-5735 • Toll-Free: 877-625-5368 • Fax: 803-799-3042

UNDERGRADUATE APPLICATION FOR ADMISSION

Please type or print in blue or black ink only.

Enrollment Type: First-Time Freshmen Transfer Non-Degree Seeking Re-Admit Adult

Proposed Enrollment Term and Year: Fall _____ Spring _____

Enrollment Status: Full-time Part-time

Housing Status: Resident Student Non-Resident Student

PERSONAL INFORMATION *Required Information

*Social Security Number: _____ - _____ - _____ *Date of Birth: ____/____/____

*Name: _____
 First *Middle* *Last* *Suffix*

*Permanent Address: _____

 City *State* *Zip* County: _____

* Mailing Address (If different from permanent address): _____

 City *State* *Zip* County: _____

*Email Address: _____

*Permanent Telephone: _____ *Mobile Telephone: _____

*Are you a U.S. citizen? Yes No (If no, please indicate citizenship status):
 Dual U.S. Citizen, please specify _____
 Resident Alien, Registration # _____

*Gender: Male Female

Ethnicity: African American (Non-Hispanic) Caucasian Hispanic Other: _____

Religious Preference: _____

Are you a veteran? Yes No Dependent of a veteran? Yes No

Have you ever been convicted of a felony? Yes No (If yes, please attach a written explanation)

FAMILY INFORMATION

Highest level of education:

Mother: High School Trade School College Other: _____

Father: High School Trade School College Other: _____

Emergency Contact Name: _____ Contact Telephone: _____

ACADEMIC INFORMATION

High School/College Attended: _____

_____ *City* _____ *State* _____ *Zip* _____ *Dates Attended:* _____

Graduation date: ____/____/____ Cumulative GPA: _____ ACT/SAT score: _____

Counselor Name: _____ Telephone: _____

Have you earned a GED? Yes No

If yes, name of issuing agency: _____ Date Issued: _____

EXTRACURRICULAR ACTIVITIES IN HIGH SCHOOL

- Basketball Marching Band Volleyball Yearbook
- Competitive Cheerleading Softball Wrestling Student Government
- Cross Country Track/Field Football Newspaper
- Other: _____ Music Group(s): _____

ANTICIPATED SUBJECT AREA (PLEASE CHECK ONE)

- Biology English Religion
- Business Administration Mathematics Social Science
- Music

How did you hear about Allen University?

- Counselor Allen University Graduate Admissions Representative
- Church Website Other _____

THE SUBMISSION OF FRAUDULENT RECORDS OR OMISSION OF COLLEGE HISTORY CONSTITUTES GROUNDS FOR DENIAL OF ADMISSION TO ALLEN UNIVERSITY OR DISMISSAL FROM THE UNIVERSITY.

As an Allen University student, I agree to abide by the rules and regulations as they are set forth in the catalog, handbook, and other official documents of Allen University. I do hereby certify that the given information on this application is true and correct. I also authorize Allen University to request copies of my academic transcripts as needed.

By signing this form, I authorize Allen University to share my name, address, email, and phone number to constituents of Allen University for recruitment purposes only.

Applicant Signature Date

Parent or Guardian Signature (if applicant is under 18) Date

For admission consideration, please submit official high school/college transcripts/ACT and/or SAT scores.

Application Fee: \$25.00 Payable via paypal.com, money order, or check. Make checks payable to Allen University

Allen University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Allen University.