

Admission Application

New and returning students must submit an application. A non-refundable \$30 application fee must accompany this application.
NOTE: A non-refundable \$100 application fee is required of international students.

PLEASE PRINT *Your name will be printed on all diplomas/degrees as it appears on this application.

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____

First Name _____ Middle Initial _____ Last Name _____ Maiden Name _____

Address _____ Apt # _____ City _____ Country _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Ext. _____

Alternate Phone Number _____ E-mail _____

Male Female Date of Birth: Month _____ Day _____ Year _____

(Optional) Parent/Legal Guardian _____

EDUCATION (Include related Military Training)

High School _____ Graduation Date: Month _____ Year _____

City _____ State _____ County _____

GED Completion Date: Month _____ Year _____ City _____ State _____ County _____

Previous College(s)/Universities/Military	City/State	# of Courses Completed	Dates Attended	Degree(s) Awarded
_____	_____	_____	From _____ To _____	_____
_____	_____	_____	From _____ To _____	_____
_____	_____	_____	From _____ To _____	_____

Are you eligible for VA benefits? Yes No

HAVE YOU PREVIOUSLY ATTENDED ROBERT MORRIS COLLEGE?

Yes No If yes, please indicate date: _____

ARE YOU INTERESTED IN HOUSING OPTIONS?

Yes No

BACKGROUND INFORMATION (This information is requested for statistical purposes only. Robert Morris College does not discriminate on the basis of age, race, color, sex, national origin, or religion.)

ETHNIC: (I) American Indian or Alaskan Native (B) African American, non-Hispanic (A) Asian or Pacific Islander
 (H) Hispanic (W) White Caucasian, non-Hispanic (U) Other or Unknown _____

CITIZENSHIP: (Y) Citizen or national of the U.S. (N) Non-citizen, lawful permanent resident of the U.S. # A _____ (F) Foreign, temporary non-resident of the U.S. Country of Citizenship _____

EDUCATIONAL OBJECTIVE

CAMPUS: Chicago DuPage Lake County O'Hare Orland Park Peoria Springfield DIVISION: Day Evening

MAJOR: _____ START DATE: _____

I declare to the best of my knowledge that the information listed above is true, correct, and complete.

I hereby give Robert Morris College permission to use for its promotion and printed materials any College picture or employment information. Yes No

Signature _____ Date _____