



APPLICATION FOR UNDERGRADUATE ADMISSION



ROBERT MORRIS UNIVERSITY
ILLINOIS

APPLICATION FOR UNDERGRADUATE ADMISSION



New and returning students must submit an application. A non-refundable \$20 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 _____ - _____ - _____

Required for U.S. Citizens and Permanent Residents applying for financial aid via FAFSA.

First Name _____ Middle Name _____ Last Name _____

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

Address _____

Apt # _____ City _____ State _____ Zip _____ County _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail _____

Preferred method of contact: Phone Email Text

PRIMARY GUARDIAN CONTACT INFORMATION *(Dependent or current high school students only.)*

First Name _____ Last Name _____

Address _____

Apt # _____ City _____ State _____ Zip _____ County _____

Please indicate preferred contact method: Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

EDUCATION

High School _____ Graduation Date: Month _____ Year _____

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

Previous College/University attended _____

Are you a military veteran? Yes No Are you eligible for VA benefits? Yes No

Have you previously attended Robert Morris University? Yes No If yes, please indicate date: _____

BACKGROUND INFORMATION *(This information is requested for statistical purposes only.)*

Do you consider yourself to be Hispanic/Latino? Yes No

SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES TO DESCRIBE YOURSELF:

- American Indian / Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White Other

CITIZENSHIP: Citizen or national of the U.S. Foreign, temporary non-resident of the U.S. Non-citizen, lawful permanent resident of the U.S.

Country of Citizenship: _____

EDUCATIONAL OBJECTIVE

MAJOR: _____

START DATE: _____

CAMPUS: Arlington Heights Chicago DuPage Elgin Lake County
 Orland Park Peoria Schaumburg Springfield

DIVISION: Day Evening

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

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

Signature _____

Date _____

Please print the information requested in each section. After completion, mail to Robert Morris University immediately in the postage-paid envelope provided or submit it to your admissions counselor.



TO BE CONSIDERED FOR ROBERT MORRIS UNIVERSITY PLEASE COMPLETE THE FOLLOWING:

EMPLOYMENT HISTORY

Current Place of Employment _____ Location _____

Job Title _____

Past Place of Employment _____ Location _____

Job Title _____

PLEASE LIST YOUR PARTICIPATION IN ANY CLUBS, ORGANIZATIONS, OR EXTRA CURRICULAR ACTIVITIES.

PLEASE LIST YOUR COMMUNITY SERVICE AND/OR VOLUNTEER EXPERIENCE.

ADMISSIONS COUNSELOR _____ CAMPUS _____ START DATE _____

Robert Morris University does not discriminate on the basis of race, ethnicity, color, age, sex, national origin, or disability in administration of its educational policies, admissions policies, loan programs, placement services, housing, and other school-administered programs.

Robert Morris University is a private, not-for-profit associate, baccalaureate, and master's degree-granting institution, accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools (ncahlc.org).

OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST



I hereby authorize _____
(NAME OF HIGH SCHOOL)

(ADDRESS OF HIGH SCHOOL)

in _____
CITY STATE ZIP

to send a copy of my official transcript to Robert Morris University.

SEND TO : ROBERT MORRIS UNIVERSITY
Attn: Admissions Office
401 South State Street
Chicago, IL 60605

I, _____ parent/guardian
(PRINT NAME OF PARENT / GUARDIAN)

of _____
(PRINT NAME OF STUDENT)

do hereby give permission to release my son/daughter's official transcript to Robert Morris University.

PLEASE PRINT

Dates of Attendance or Date Graduated _____

Full Name _____

Maiden Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Date of Birth: Month _____ Day _____ Year _____

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

Signature _____ Date _____

Parent / Guardian _____ Date _____