



# 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:

- |  |                                |  |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian / Alaska Native           | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> 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  Elgin  Lake County  Orland Park  
 Peoria  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 \_\_\_\_\_