



ASSUMPTION COLLEGE
WORCESTER, MASSACHUSETTS

Intended Date of Enrollment: September January _____ (Year)

Have you previously applied for admission to Assumption College? Yes No If yes, semester/year _____

Are you applying for On-Campus Housing? Yes No

PERSONAL INFORMATION

Please enter your name as it appears on your official documents.

Legal Name _____ Male Female
Last/Family First Middle Suffix (Jr., Sr., etc)

Preferred Name _____ Previous Last Name(s), if any _____

Birth date _____ Social Security (if any) _____ --- _____ --- _____
(mm/dd/yyyy) ### ## ####

Email _____ IM _____

Permanent Address _____
Street City/Town State/Province Country Zip/Postal Code

Phone (_____) _____ Cell Phone (_____) _____
Begin with Area Code or Country Code Begin with Area Code or Country Code

If different from above, please provide your current mailing address for all admission correspondence.

Mailing Address _____
Street City/Town State/Province Country Zip/Postal Code

Mailing Address Phone (_____) _____ Mailing Address from _____ to _____
Begin with Area Code or Country Code (mm/dd/yyyy) (mm/dd/yyyy)

Citizenship

- US Citizen
- Dual US Citizen; please specify other country of citizenship _____
- US permanent resident visa Alien registration number _____
- Other Citizenship Visa Type _____

If you are not a US citizen, but you live in the United States, how many years have you lived in the country? _____

List your first language, if not English _____ Language spoken at home, if not English _____

How would you describe yourself? Check all that apply. (optional)

- African American/Black Hispanic/Latino (specify _____) Puerto Rican
- Asian American Mexican American/Chicano White/Caucasian
- Asian, including Indian Subcontinent Native American/Alaskan Native Other (specify _____)
- Bi-racial (specify _____) Native Hawaiian/Pacific Islander (_____)

ACADEMIC INFORMATION

College/University _____ Start Date _____ Graduation Date _____
(mm/dd/yyyy) (mm/dd/yyyy)

CEEB Code _____ Type of School Public Private/Independent Religious

Address _____
Street City/Town State/Province Country Zip/Postal Code

Advisor's Name _____ Advisor's Email _____

Title _____ Phone (_____) _____ Fax (_____) _____
Begin with Area Code or Country Code Begin with Area Code or Country Code

List all other colleges/universities, including summer schools as well as academic programs you have attended, beginning with your first year of college. Please have an official transcript sent to us from each college/university.

NAME OF OTHER COLLEGES/UNIVERSITIES

| College/University Name | Location (City, State/Province, Country) | Dates Attended (mm,yyyy) | Degree(s) Earned |
|-------------------------|--|--------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

HIGH SCHOOL or PREPARATORY SCHOOL FROM WHICH YOU GRADUATED

| School Name | CEEB Code | Location (City, State/Province, Country) | Graduation Date |
|-------------|-----------|--|-----------------|
| _____ | _____ | _____ | _____ (mm/yyyy) |

Have you received a GED? Yes No If you have, list the date _____ (Testing agency must send official scores)
(mm/yyyy)

STANDARDIZED TEST INFORMATION

You must have official scores sent to us from the appropriate testing agency.

SAT Reasoning

| Test Date | CR | Math | Writing | Test Date | CR | Math | Writing | Test Date | CR | Math | Writing |
|-----------|-------|-------|---------|-----------|-------|-------|---------|-----------|-------|-------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

SAT Subject

| Test Date | Subject | Score | Test Date | Subject | Score | Test Date | Subject | Score |
|-----------|---------|-------|-----------|---------|-------|-----------|---------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

ACT

| Test Date | English | Math | Reading | Science | Composite | Writing |
|-----------|---------|-------|---------|---------|-----------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Test of English as a Foreign Language (TOEFL) or Other Exam

| Test Date | Subject | Score | Test Date | Subject | Score |
|-----------|---------|-------|-----------|---------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |

FAMILY INFORMATION

Parent/Guardian #1 _____ (Optional for independent students)

Mother Father Legal Guardian Living? Yes No (Date Deceased _____)
(mm/dd/yyyy)

Address, if different from yours

| | | | | |
|--|-----------------|----------------------|---------------|-----------------------|
| Street _____ | City/Town _____ | State/Province _____ | Country _____ | Zip/Postal Code _____ |
| Phone (_____) _____ <small>Begin with Area Code or Country Code</small> | Email _____ | | | |
| Occupation _____ | Employer _____ | | | |
| College (if any) _____ | Degree _____ | Year _____ | | |
| Graduate School (if any) _____ | Degree _____ | Year _____ | | |

Parent/Guardian #2 _____ (Optional for independent students)

Mother Father Legal Guardian Living? Yes No (Date Deceased _____)
(mm/dd/yyyy)

Address, if different from yours

| | | | | |
|--|-----------------|----------------------|---------------|-----------------------|
| Street _____ | City/Town _____ | State/Province _____ | Country _____ | Zip/Postal Code _____ |
| Phone (_____) _____ <small>Begin with Area Code or Country Code</small> | Email _____ | | | |
| Occupation _____ | Employer _____ | | | |
| College (if any) _____ | Degree _____ | Year _____ | | |
| Graduate School (if any) _____ | Degree _____ | Year _____ | | |

Marital Status for Parents -- relative to each other: (Optional for independent students)

Married Never married Separated Widowed Divorced (_____ mm/dd/yyyy)

With whom do you reside at your permanent address? (Optional for independent students)

Both parent/guardian Parent/Guardian #1 Parent/Guardian #2 Other (_____)

List the names, ages, college(s) (if any), degree(s) (if any), and dates of attendance (if any) of your siblings.

| | | | | |
|------------|-----------|-------------------|--------------|-------------------------|
| Name _____ | Age _____ | Institution _____ | Degree _____ | Dates (yyyy-yyyy) _____ |
|------------|-----------|-------------------|--------------|-------------------------|

RELATIONSHIP WITH ASSUMPTION

Please list the names of any relatives who have attended Assumption College:

| | | |
|------------|-------------|--------------------|
| Name _____ | Class _____ | Relationship _____ |
|------------|-------------|--------------------|

EXTRACURRICULAR, WORK and VOLUNTEER INFORMATION

Please list your significant extracurricular/work/volunteer involvement. Feel free to attach a résumé.

| Activity/Nature of Work | Grade Level | | | | | Positions held, achievements, work, letter(s) earned | Hours/Week | Weeks/Year | Will you continue? |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|------------|------------|--|
| | 11 | 12 | FY | SO | JR | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

INTENDED MAJOR

Please indicate your area(s) of interest. **Major 1:** _____ **Major 2:** _____

Academic Programs:

- Biology
- Biology w/ *Concentration in Biotechnology Molecular Biology*
- Business
 - Accounting
 - International Business
 - Management
 - Marketing
 - Organizational Communication
- Chemistry
- Classics
- Communications
 - Writing and Mass Communications
 - Organizational Communications
- Computer Science
- Economics
- Economics w/ *Business Concentration*
- Economics w/ *International Concentration*
- Education Concentration (with *appropriate major*)

- English
- Environmental Science
- Foreign Languages
- French
- French w/ *Concentration in Francophone Culture and Civilization*
- Global Studies
- Global Studies w/ *Business Concentration*
- History
- Human Services and Rehabilitation Studies
- Italian Studies
- Latin American Studies
- Mathematics
- Music
- Philosophy
- Political Science
- Psychology
- Sociology
- Sociology w/ *Concentration in Criminology or Social Policy*
- Spanish

- Spanish w/ *Concentration in Hispanic Culture and Civilization*
- Theology
- Visual Arts

Special Programs:

- College Honors Program
- Colleges of Worcester Consortium
- Community Service Learning
- Finance
- Fortin & Gonthier Foundations of Western Civilization Program
- Joint 7-year Programs in Physical Therapy, Podiatry and Optometry
- Peace and Conflict Studies
- Study Abroad
- Women's Studies

Pre-Professional Programs:

- Pre-Law
- Pre-Med/Pre-Dental

SHORT STATEMENT

How did you become interested in applying to Assumption?

PERSONAL STATEMENT

Please write a personal statement (500 words or less) to comment on why you selected the college you entered, why you are considering leaving your current college and why you wish to attend Assumption. Please attach your response to the end of the application on a separate sheet(s). **You MUST put your full name on each sheet of your essay.**

DISCIPLINARY HISTORY

1. Have you ever been found responsible for disciplinary violation at any secondary school you have attended, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes No
2. Have you ever been convicted of a misdemeanor, felony, or other crime? Yes No

If you answer yes to either or both questions, please attach a sheet of paper that gives the approximate date of each incident and explains the circumstances.

FINANCIAL AID DATA

Will you apply for financial aid from Assumption College? Yes No

Students applying for financial aid must complete the Free Application for Federal Student Aid (FAFSA) listing Assumption College as recipient of this information. Assumption's Title IV code number for the FAFSA is 002118.

SUPPORTIVE MATERIALS

In order to evaluate your application we need your official high school transcript, official transcript from all colleges attended, letter of recommendation, transfer supplement, and application fee of \$50.00.

IT IS THE RESPONSIBILITY OF THE STUDENT TO HAVE SAT-1, ACT or TOEFL SCORES SENT TO THE COLLEGE. The SAT-1 and TOEFL code number for Assumption College is **3009**. The ACT code number is **1782**.

CONSENT STATEMENT

I authorize all secondary schools and colleges I have attended to release all requested records and authorize review of my application for the admission process indicated on this form. I attest that all information submitted in this application -- including my supplemental information -- is my own work, factually true, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or expulsion, should the information I have certified be false.

Your Signature _____ **Date** _____

APPLICATION FEE: **\$50.00**

PLEASE MAIL COMPLETED APPLICATION TO:

ASSUMPTION COLLEGE

Office of Admissions
500 Salisbury Street
Worcester, MA 01609-1296

To contact the Office of Admissions:
508.767.7285 office
866.477.7776 toll-free
508.799.4412 fax
www.assumption.edu



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS

TO BE COMPLETED and SENT BY COLLEGE OFFICIAL

Applicant Name: _____
Last First Middle

Directions:

Each applicant for transfer admission to Assumption College must submit the Transfer Supplement Form to the **Dean of Students** or other appropriate official at the college or university of current attendance. Please note that this form is **NOT** an academic reference and must be given to the college official charged with maintenance of disciplinary records. An applicant not currently enrolled should have this form completed by the appropriate official at the college or university last attended.

This completed form should be mailed or faxed by the college official directly to the Office of Admissions, by no later than July 1st for Fall admission and no later than December 21st for the Spring admission.

Assumption College
Office of Admissions, Transfer Counselor
500 Salisbury Street
Worcester, MA 01609
508.767.7285 office
866.477.7776 toll-free
508.799.4412 fax
www.assumption.edu

Transfer applications will be considered incomplete without the Transfer Supplement Form.

1. To your knowledge, has this student been involved in any disciplinary action at your institution or have there been any questions concerning his/her standards of behavior? Yes No If "Yes," what was the nature of the problem?

2. Could this student continue at your school? Yes No If "No," please explain.

Additional Comments:

Signature

Institution

Official's Position

Telephone Number

Date