



# APPLICATION FOR ADMISSION

## Office of Admission

Phone: 203.596.4520 or 800.345.2562 Fax: 203.756.5810 Website: www.post.edu

Please type or print clearly. \$40 application fee waived for electronic application.

Post University - Office of Admission 800 Country Club Road, P.O. Box 2540, Waterbury, CT 06723-2540.

When you have completed the application, please arrange through your Principal or College Counselor, to have this application attached to your official high school transcript and forwarded to Post University.

### ADMISSION DATA

#### Applying for:

- Fall
- Spring

Year: 20\_\_\_\_\_

#### Housing Status:

- On-campus Housing
- Commuter

#### Please check one:

- Trustees Scholarship
- Post Leadership Scholarship
- Post Presidential Grant Program
- General Admission

### PERSONAL DATA

Male  Female **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth (Mo/Day/Yr):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (First, Last, Middle, Maiden) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Country \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Country \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### Citizenship (Please check one box below):

- U.S. Citizen
- Permanent Resident/Resident Alien: Resident Alien No. \_\_\_\_\_ Country of Birth \_\_\_\_\_
- Non-Resident Alien: Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

**If you are already in the U.S., please give:** Date of Entry \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Visa Type \_\_\_\_\_ Visa Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Please attach copies of your immigration documents.)

Father/Guardian (First, Last, Middle) \_\_\_\_\_ Occupation \_\_\_\_\_

Current Address (Number & Street) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mother/Guardian (First, Last, Middle) \_\_\_\_\_ Occupation \_\_\_\_\_

Current Address (Number & Street) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name(s) and Age(s) of Siblings \_\_\_\_\_ Parent's E-mail Address \_\_\_\_\_

### DEGREE OPTIONS

Indicate those degree programs and areas of concentration that are of interest to you.

#### Four-Year Baccalaureate

- Accounting
- Biology
- Business Administration
- Computer Information Systems (CIS)
- Criminal Justice
- Environmental Theories and Applications
- Equine Management
- Finance
- General Studies
- Human Services
- Legal Studies

- Management
- Marketing
- Psychology
- Sociology

#### Two-Year Associate

- Accounting
- Early Childhood Education
- Equine Studies
- Legal Studies
- Management
- Marketing

#### Concentrations

- Accounting
- Computer Information Systems
- Corporate Law
- Counseling Services
- Entrepreneurship
- Environmental Law
- Environmental Management
- Equine
- Equine Facilities Manager
- Equine Massage Therapist
- Equine Trainer/Riding Instructor
- General Legal Studies
- General Management
- General Marketing
- Health and Community Services
- Health, Education and Community Services
- Human Resource Management
- International Marketing
- Law and Technology
- Law Office Administration
- Organizational Studies
- Sales Management
- Security Services
- Sport Management
- Therapeutic Riding Instructor
- Trial: Civic and Criminal

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**ACADEMIC BACKGROUND**

Have you previously attended Post University?  Yes  No If yes, when \_\_\_\_\_  
Name of High School \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Location (City, State, Zip) \_\_\_\_\_  
Name of Guidance Counselor \_\_\_\_\_  
Name of Principal \_\_\_\_\_ Date you will take/have taken SAT's \_\_\_\_\_  
Are your transcripts under any other name(s)? \_\_\_\_\_

**List below (most recent first) all educational institutions you have attended beyond high school:**

| SCHOOL (City & State) | DATES ATTENDED | CREDITS EARNED | RECEIVED DIPLOMA |
|-----------------------|----------------|----------------|------------------|
|                       |                |                |                  |
|                       |                |                |                  |
|                       |                |                |                  |

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**ATHLETIC/ACTIVITIES**

Please indicate intercollegiate Athletics in which you would like to participate:

**Men's:**  Basketball  Baseball  Soccer  Cross Country  Golf  Tennis  Equine  Varsity  Sub Varsity

**Women's:**  Basketball  Softball  Soccer  Cross Country  Volleyball  Tennis  Equine  Varsity  Sub Varsity

What clubs or activities would you like to participate in?

Student Government  Activity Planning/Programming  Academic Clubs  Intramurals  Study Abroad  Community Service

Student Clubs and Organizations other(s) \_\_\_\_\_  
\_\_\_\_\_

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**HONORS/AWARDS**

Academic \_\_\_\_\_

Community \_\_\_\_\_  
\_\_\_\_\_

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**OTHER**

**Race and Ethnicity - Optional** (Compiled at the request of the Department of Health, Education, and Welfare)

(choose one):

American Indian or Alaskan Native

Asian American or Pacific Islander

Hispanic

Black, Non-Hispanic

White, Non-Hispanic

I do not care to respond

What other colleges and/or universities are you considering? \_\_\_\_\_

How did you learn about Post University? \_\_\_\_\_

What is the name, city and state of the local newspaper in your area? \_\_\_\_\_

Are you the first person in your family to attend college? \_\_\_\_\_  
\_\_\_\_\_

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**STATEMENT OF APPLICANT**

If admitted, I pledge myself to comply, in good faith, with all the rules and requirements of the University.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please be sure all the information requested has been answered in full and remember to include your signature.**

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