

# BEST. YOU. EVER. APPLY NOW!

## “On The Spot” Application

Complete our “On The Spot” Application and we'll follow up with a quick admissions decision and scholarship evaluation. We'll be here to help you through every step of the admissions and financial aid process.

### GENERAL INFORMATION (please print or type)

Social Security

Legal Name \_\_\_\_\_  
Legal Last \_\_\_\_\_ Legal First \_\_\_\_\_ MI \_\_\_\_\_ Maiden \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Nation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### PERSONAL INFORMATION (please print or type)

Gender  Male  Female

Date of Birth          
M M D D Y E A R Birthplace: \_\_\_\_\_

Citizenship  US Citizen  US Dual Citizen  Permanent Resident (Green Card)  US Refugee or Asylee  Non-Citizen  I will need an I-20

If not a U.S. Citizen, please provide status: \_\_\_\_\_

### The following information is optional and used for statistical purposes only.

Check if you are **Hispanic/Latino**:  Yes (6)  No

Please select one or more from the following race/ethnicity groups that best represents your race/ethnicity:

- American Indian/Alaskan Native** (person with origins to any of the original peoples of North or South America and who maintain a tribal affiliation or community attachment) (2)
- Asian** (person with origins to any of the original peoples of the Far East, Southeast Asia or Indian subcontinent) (3)
- Black or African American** (person with origins to any of the Black racial groups of Africa) (4)
- Native Hawaiian or Other Pacific Islander** (persons with origins to any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) (1)
- White** (person with origins to any of the original peoples of Europe, the Middle East or North Africa) (0)

#### Religious Preference:

- Baptist (5)  Buddhist (10)  Episcopal (15)
- Hindu (20)  Jewish (25)  Lutheran (30)  Methodist (35)
- Muslim (40)  Orthodox (45)  Protestant (50)
- Presbyterian (55)  Roman Catholic (60)
- Other \_\_\_\_\_ (65)
- Non-Preference (00)

Has a relative of yours ever attended St. Thomas Aquinas College?

- No
- Yes; Relationship to you: \_\_\_\_\_

US Armed Services veteran status \_\_\_\_\_

**ADMISSION CRITERIA**

Applicant **MUST** select one from each column:

<input type="checkbox"/> Fall 20_____	<input type="checkbox"/> Freshman	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Dormitory Resident
<input type="checkbox"/> Spring 20_____	<input type="checkbox"/> Transfer	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Commuter
	<input type="checkbox"/> Re-Admit		

Have you previously applied for admission to St.Thomas Aquinas College?  No  Yes Year \_\_\_\_\_

Have you previously attended St.Thomas Aquinas College?  No  Yes Year \_\_\_\_\_

Have you received credits for non-matriculated courses at St.Thomas Aquinas College?  No  Yes Year \_\_\_\_\_

Have you received credits from St.Thomas Aquinas College during high school?  No  Yes Year \_\_\_\_\_

**PROGRAM OF STUDY**

Please indicate your intended Program of Study \_\_\_\_\_  
*You have the option of applying as an undeclared student.*

**TEST INFORMATION**

Please provide the following information regarding SAT I, ACT, and TOEFL test dates:

<input type="checkbox"/> SAT I	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> ACT	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> TOEFL	Date: _____	Date: _____	Date: _____

**HIGH SCHOOL INFORMATION**

High School from which you have / will be graduated \_\_\_\_\_

Six Digit CEEB Code:       Date of Graduation: \_\_\_\_\_

**COLLEGE INFORMATION**

**List all colleges attended.** If you are presently enrolled in any post-secondary institution, **please list your courses in progress** with their credit value on a **separate piece of paper** and attach to the application.

Name of College	CEEB Code	City	State	Attendance Dates	Degree/Credits	Currently Enrolled Y/N

All documents submitted in support of this application become the property of the College and are not returnable or transferable.  
 I understand that if I was born on or after January 1, 1957 and if I enroll for 3 or more credits, I must provide the College with proof of immunization against measles, mumps and rubella. My failure to comply with this New York State law within 30 days from the start of the semester will result in my dismissal from classes without refund of tuition and fees.

My signature below certifies that the information provided on this application is correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

