



UNDERGRADUATE STUDIES APPLICATION FOR ADMISSION AS A PART-TIME STUDENT

Instructions for Applicants:

1. Complete and submit your application with a non-refundable \$55.00 application fee.
2. Request for your high school transcript and college transcripts (if any) to be forwarded to the University College.
3. Applicants born after December 31, 1956 must provide proof of measles immunization.

New part-time undergraduate students and former Sacred Heart University students who have not attended for two years or more must complete this form and return it to the University College. Payment can be made by check or money order, payable to Sacred Heart University.

Name: _____
Last First Middle Student ID

Gender: Male Female: _____
Last name if different from above that may appear on academic records Date

Email Address: _____
Home _____
Work _____
Home No. _____
Cell No. _____

Home Address: _____
Street and P.O. Box City and State Zip Code

Are you a Veteran? Yes No Social Security #: _____ - _____ - _____

Birth Information: _____
Date City and State Intake Advisor

Optional:

In order to meet federal and state reporting requirements, the university needs to obtain the information requested below. Sacred Heart University is committed to equal access to educational and employment opportunities regardless of race, creed, color, religion, age, sex, national origin or disability. The information you provide will have no effect on your application. (Please check all items that apply).

- | | | |
|---|--|--|
| Ethnic: (OPTIONAL) | Race: (OPTIONAL) | |
| <input type="checkbox"/> HIS Hispanic/Latino | <input type="checkbox"/> AN American/Alaskan Native | <input type="checkbox"/> HP Hawaiian/Pacific Islander |
| <input type="checkbox"/> NHS Non Hispanic/Latino | <input type="checkbox"/> AS Asian | <input type="checkbox"/> WH White |
| <input type="checkbox"/> UN Unknown/Unreported | <input type="checkbox"/> BL Black or African American | <input type="checkbox"/> UN Unknown/Unreported |

Citizenship Status

- American by Birth Naturalized Have Applied for Citizenship
 Resident Alien-Registration No.: _____ Foreign National on Visa - If so, what type? _____

Mailing Address: (if different from above) _____
Street and P.O. Box City and State Zip Code Country

Employer Name: _____

Street and P.O. Box City and State Zip Code

Telephone No. Your Position/Title

What type of tuition reimbursement plan does your company have?

Beginning Semester Fall 20 ____ (Aug. - Dec.) Spring 20 ____ (Jan.-Mar.) Late Spring 20 ____ (Apr.-Jun.) Summer 20 ____ (July)

Program of Interest (Check all that apply)

Associate Degree Bachelor Degree

Certificate Program: This is a series of 4 to 7 courses that lead to a certificate and may later be applied to a degree program.

Non-Degree at this point, but may be looking at an Associate or Baccalaureate Degree in the near future.

Major: _____

Where do you plan to attend most of your classes? Fairfield Stamford Online

Have you ever attended Sacred Heart University? Yes, when? _____ No

How did you first contact University College? E-mail Phone Web Walk-in

High School Attended: _____
Name of School City State Date of Graduation or GED

Colleges attended:

Name of School	Location (City/State)	Attendance (From - To)	Degree Earned	Date of Graduation	Major Program

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How did you learn about Sacred Heart University?

Radio Newspaper ad Web Page Visit at place of employment Direct Mail
 School Guide Off-Campus Coordinator College Fair Other: _____

Certificate to be signed by all applicants:

The information supplied on this application is complete and true to the best of my knowledge. All materials and supporting records submitted by me or on my behalf in connection with this application or my attendance will not be released to anyone other than authorized university personnel without my consent.

It is understood that incorrect or falsified information will be grounds for disapproval of this application or dismissal from the university. The undersigned agree(s) to pay all financial obligations if admitted to and attending the university, including obligations incurred if financial aid is terminated, reduced or postponed for any reason.

The undersigned also authorizes the Office of Public Relations of the university to publish the applicant's picture, address, major, honors, sports or other activities for public relations purposes should the applicant decide to attend the university in any capacity. This publicity authorization may be rescinded by notifying the Office of Public Relations in writing within 30 calendar days of admission to the university.

Applicant's Signature: _____ Date: _____

Sacred Heart University does not discriminate in admission or employment on the basis of sex, race, religion, age, national origin or physical handicap. Sacred Heart University is an equal opportunity /affirmative action institution.

Attention All Students

State law requires as a condition of enrollment in a higher education institution that full-time undergraduate, graduate and part-time students born after December 31, 1956 must show proof of 2 doses of measles, mumps, and rubella. The doses should be separated by at least 28 days with the first dose given after the first birthday. The first dose must be after 1969. The second dose must be after 1980.

Please call the University's Health Services Office at 203-371-7838 if there are any questions regarding this policy