

PERSONAL INFORMATION



Applying as: First Year Transfer
Status: Full Time Part Time
Housing: Residence Hall Commuter
Semester: Fall (August) Spring (January)
Year: 2019 2020

(Full-time students are required to live in College housing through their junior year. To learn more about residential exemption, refer to the *College Catalog*.)

How did you learn of Southern Vermont College? _____

Are you a veteran of the US Armed Forces? Yes No

Please print your name as it appears on your passport or other official documents.

Legal Name _____ Gender _____
Last (Family) First Middle Suffix (Jr., Sr., etc.)

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

Date of Birth _____ Social Security Number (optional - required if applying for financial aid) _____
mm/dd/yyyy (###-##-####)

E-mail _____

PRESENT ADDRESS

Please give your current address for all admission correspondence.

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

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

CITIZENSHIP

Place of Birth _____
City/Town _____ State/Province _____ Country _____

US Citizen Dual US citizen; please specify other country of citizenship _____
 US Permanent Resident Visa; citizen of _____ Alien Registration Number _____
 Other Citizenship _____
Visa

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

What language is spoken at home? _____

If applying for Nursing, students for whom English is a second language are required to take an internationally recognized test of English proficiency.

ETHNICITY (Race/Ethnicity information is optional.)

Are you Hispanic/Latino? Yes No (country of origin _____)

Select one or more of the following races:

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

FAMILY INFORMATION

PARENT/GUARDIAN #1 (Skip if not applicable.)

Parent Guardian _____
Title Last (Family) First Middle Suffix

Phone (_____) _____ E-mail _____
Begin with Area or Country Code

PARENT/GUARDIAN #2

Parent Guardian _____
Title Last (Family) First Middle Suffix
Phone (____) _____ E-mail _____
Begin with Area or Country Code

INTENDED MAJOR (Check only one box)

Baccalaureate Degrees

- Business Administration
- Entrepreneurship
- Healthcare Management
- Sports, Recreation, & Tourism Management
- Arts Administration
- Communication
- Creative Writing
- English
- Liberal Arts

- Biological Sciences
- Criminal Justice
- History & Politics
- Human Services
- Psychology
- Exploratory (undecided)

Associate Degree

- Interdisciplinary Studies

Certificate Programs

- Computed Tomography
- Mammography

- Nursing
- Nursing (RN-BSN) RN License # _____ License State _____
- Radiologic Sciences

EDUCATIONAL INFORMATION

Secondary Schools (If applicable, list the secondary schools you have attended or are currently attending.)

High School	City	State	Guidance Counselor	Dates of Attendance
High School	City	State	Guidance Counselor	Dates of Attendance

College Attendance (If applicable, list the college(s) you have attended or are currently attending.)

College	City	State	Dates of Attendance
College	City	State	Dates of Attendance

DISCIPLINE INFORMATION

Have you ever been placed on probation, suspended, removed, dismissed, or expelled from any school or academic program since ninth grade? Yes No

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? Yes No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

AUTHORIZATION

Your signature below:

1. authorizes all schools you attended to provide all requested records and allow review of your application for the admission process chosen on this application.
2. confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of Applicant _____ Date _____

Southern Vermont College, in accordance with Federal and State laws and regulations, does not discriminate on the basis of race, color, creed, religion, national origin, sexual orientation, sex, age, veteran's status or handicap, regarding access to, or employment in its program or activities. In compliance with the Americans with Disabilities Act (ADA), individuals with disabilities requesting accommodations should contact the Learning Differences Support Program at 802-447-6360.