

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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Year _____
Have you previously attended St.Thomas Aquinas College?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Year _____
Have you received credits for non-matriculated courses at St.Thomas Aquinas College?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Year _____
Have you received credits from St.Thomas Aquinas College during high school?	<input type="checkbox"/> No	<input type="checkbox"/> 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_____

