IGNITE YOUR PASSION. 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	Birthplace: R						
Citizenship 🗌 US Citizen 🗌 US Dual Citizen 🗌 Permanent	Resident (Green Card) 🛛 🗆 US Refuge	e or Asylee 🛛 Non-Cit	tizen 🛛 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	Religious Prefer	Religious Preference:					
Please select one or more from the following race/ethnicity groups t	hat best rep- 🛛 🗆 Baptist (5)	🗆 Baptist (5) 🛛 Buddhist (10) 📄 Episcopal (15)					
resents your race/ethnicity:	🗆 Hindu (20)	🗆 Hindu (20) 🔲 Jewish (25) 🔲 Lutheran (30) 🔲 Methodist (35)					
\square American Indian/Alaskan Native (person with origins to any of t	he 🗆 Muslim (40)	🗆 Muslim (40) 🔹 Orthodox (45) 🔅 Protestant (50)					
original peoples of North or South America and who maintain a	tribal 🗆 Presbyterian	🗆 Presbyterian (55) 🛛 🗌 Roman Catholic (60)					
affiliation or community attachment) (2)	🗆 Other	□ Other(65)					
\square Asian (person with origins to any of the original peoples of the F	ar East, 🛛 🗆 Non-Preferer	□ Non-Preference (00)					
Southeast Asia or Indian subcontinent) (3)							
\square Black or African American (person with origins to any of the Bla		t yours ever attended St.	Thomas Aquinas College?				
racial groups of Africa) (4)		□ No □ Yes; Relationship to you:					
\square Native Hawaiian or Other Pacific Islander (persons with origins							
original peoples of Hawaii, Guam, Samoa, or other Pacific Islan	ds) (1)						

□ White (person with origins to any of the original peoples of Europe, the Middle East or North Africa) (0)



US Armed Services veteran status _

ADMISSION CRITERIA

Applicant <u>MUST</u> select one	from each column:								
□ Fall 20	🗆 Freshman		Full-Time	Dormitory Resident					
□ Spring 20	Transfer		Part-Time	🗆 Commut	er				
	🗆 Re-Admit								
	I	I		I		I			
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?			uinas College?	🗆 No	🗆 Yes	Year			
Have you received credits from St.Thomas Aquinas College during high school?			school?	🗆 No	🗆 Yes	Year			
PROGRAM OF STUDY									
Please indicate your intende	ed Program of Study								
You have the option of app	ying as an undeclared stu	ıdent.							
TEST INFORMATION									
Please provide the followin	g information regarding SA	AT I, ACT, and TOEFI	L test dates:						
🗆 SAT I 🛛 Da	te:	Date:		Date:					
🗆 ACT 🛛 Da	te:	Date:		Date:					
🗆 TOEFL 🛛 Da	te:	Date:		Date:					
HIGH SCHOOL INFORMATION									
High School from which you	have/will be graduated								
Six Digit CEEB Code:	Digit CEEB Code:								
COLLEGE INFORMATION									
List all colleges attended. I paper and attach to the ap		d in any post-secon	dary institution, please l	ist your courses in	progress with th	neir credit value on a	separate piece of		
	produon.				Attendance		Currently		
Name of College		CEEB Code	City	State	Dates	Degree/Credits	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____



Admissions Office, 125 Route 340, Sparkill, NY 10976 email: admissions@stac.edu • Phone: 845.398.4100 • Fax: 845.398.4372