

PERSONAL INFORMATION (Please type or print.)

Name _____
First Middle Last (Maiden)

Address _____
Street County

_____ City State Country ZIP Code

Social Security Number _____ - _____ - _____ Day Phone (_____) _____ Evening Phone (_____) _____

Email Address _____

I PLAN TO ENROLL

Check one
 Fall 20 _____
 Spring _____
 Summer _____

Check one
 Full time
 Part time
 Readmit

Check one
 On-campus Resident
 Commuter

Check one
 Associate Degree
 Bachelor's Degree
 Post-baccalaureate Degree

BC3 Information Technology Program
 BC3 Psychology Program
 Non-degree
 Certificate Program

Major _____

Minor _____

I would like to attend Day Classes Evening Classes

Have you ever applied for admission to La Roche University before? Yes No

EDUCATIONAL BACKGROUND

(List all high schools and colleges you have attended, beginning with the most recent. Include dates of graduation or anticipated graduation.)

Name of Institution	City, State	Dates Attended	Date of Graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Request that each institution sends official transcripts to La Roche University.

Transcripts must be sent directly from the institution in a sealed envelope and must possess the official college seal. Transcripts not received in this manner will not be accepted.

VOLUNTARY INFORMATION

Ethnicity: How would you describe yourself?

Hispanic of any origin (Spanish, Mexican, Puerto Rican, etc.): Yes No

Select one or more of the following: White Black or African American Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander

APPLICATION – Undergraduate Transfer Admissions

Employment Information

Employer _____ Job Title _____

Address _____
Street City State

ZIP Code County Phone (____) _____

Email _____

Additional Information

How did you hear about La Roche University?

La Roche University website Referred by an alumnus or by a current student of the program

Received information at college fair/event _____

Advertisement (list source, i.e. newspaper, radio, television; please be as specific as possible) _____

Other (list source) _____

List any accommodations you may require: _____

If you are under the age of 21, please provide contact information for one or both parents.

Name _____

Email _____ Phone number _____

Your responses to the following questions are optional and do not affect your application. These informational questions will help the institution to better serve you. The data also will facilitate reports required by state and federal agencies.

Gender _____ Religion (Denomination/Rite) _____

Date of Birth _____ Place of Birth _____

Citizenship _____

Veteran: Yes No If yes, will you seek benefits? Yes No

Marital Status: Single Married Divorced Widowed

NON-DISCRIMINATION POLICY

La Roche University does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Life & Dean of Students | 412-536-1069

Coordinator of Accessibility & Compliance | 412-536-1177

Associate Vice President of Human Resources | 412-536-1115

My signature below indicates that all the information contained in this application is complete, factually correct and honestly presented. I understand that credentials filed with the application become the property of La Roche University and are not returnable. I agree that, if admitted, I will familiarize myself with and abide by the policies, rules and regulations of La Roche University, as stated in the college catalog, student handbook and semester schedules. All may be found online at www.laroche.edu.

APPLICANT'S SIGNATURE

Name

Date

Please return all materials to: LA ROCHE UNIVERSITY, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237
Phone (412) 536-1260 • Fax (412) 536-1283 • Toll Free 844-838-4578 • laroche.edu • Email: graduateadmissions@laroche.edu

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