

APPLICATION

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 _____

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

International students: Are you a U.S. citizen / permanent resident? Yes No

If you are currently in the United States, indicate your current status: F-1 F-2 J-1 J-2 Other

Please submit a photocopy of your current I-20 form (F visa students) or related forms for other visas to assist in processing your application for transfer.

Have you ever been convicted, pled guilty or no contest to a crime other than a summary traffic offense?
____ Yes ____ No (If yes, attach a separate sheet and describe in full detail.)

Are there any criminal charges other than a summary traffic offense presently pending against you?
____ Yes ____ No (If yes, attach a separate sheet and describe in full detail.)

I PLAN TO ENROLL

Fall 20 ____ Spring ____ Summer ____ Full time Part time Readmit Off-site location _____

As a Transfer Student

On-campus Resident Commuter Non-degree Certificate Program

Associate Degree Bachelor Degree Post-baccalaureate Degree

Major _____

Minor _____

I would like to attend Day Classes Evening Classes

Have you ever applied for admission to La Roche College 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 to La Roche College. Students planning to attend full time must also submit an official high school transcript.

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.

APPLICATION – Undergraduate Adult Admissions

EMPLOYMENT INFORMATION

Employer _____ Job Title _____

Address _____
Street City State

ZIP Code County Phone (____) _____

Email _____

ADDITIONAL INFORMATION

How did you hear about La Roche College?

La Roche College website Referred by an alum 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: _____

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 College admits qualified students of any age, sex, race, religion, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the College. The same policy is followed with respect to all employees, regardless of rank or classification. La Roche College does not discriminate on the basis of sex, race, religion, color, disability, handicap, ethnic and national origin, in the administration of its educational policies and programs, admissions processes, scholarship and loan programs, employment practices, athletic and other college administrative programs.

La Roche's non-discrimination policy is administered in accordance with Title IX of the 1972 Educational Amendments and all other applicable federal and Pennsylvania statutes. Please direct all inquiries to the Human Resources Office: 9000 Babcock Boulevard, Pittsburgh, PA 15237.

A non-refundable \$100 tuition deposit is required for full-time students.

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 College 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 College, 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 COLLEGE, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237
Phone (412) 536-1260 • Fax (412) 536-1283 • Toll Free 800-838-4572 • laroche.edu • Email: graduateadmissions@laroche.edu

La Roche College is an Equal Opportunity Education Institution.