

FRESHMAN ADMISSIONS APPLICATION

PLEASE PRINT FIELDS IN RED ARE REQUIRED				
First Name: Middle Initial:	Last Name:			
Preferred Name:				
Cell Phone:	_ Landline:			
MAILING PREFERRED ADDRESS:				
Street Address:				
City:		State:	ZIP Code:	
PERMANENT ADDRESS (if different from mailing address):				
Street Address:				
City:				
DEDCOMAL INFORMATION.				
PERSONAL INFORMATION:				
Student Email Address:				
Date of Birth (MM/DD/YY):/ Social Security				
Gender: ☐ Male ☐ Female Country of Citizenship:				
How would you like to be contacted? Please choose more the	nan one option:	Text U Cell	☐ Home Phone ☐ Email	
APPLICATION INFORMATION:				
Enrollment Term: FALL SPRING SUMM		ou applied befo	ore? 🗆 Yes 🗅 No	
YEAR YEAR Residency Status: □ Resident □ Commuter Will you be apple	YEAR	2 □ Ves □ No		
High School attended:				
MAJOR:				
PARENT/GUARDIAN/FAMILY INFORMATION:				
Name:				
Relationship:		Relationship:		
Street Address:	_	Street Address:(IF DIFFERENT FROM MAILING/PREFERRED ADDRESS ABOVE)		
City, State, ZIP code:				
Email Address:				
Cell Phone:				
	cent none			
VOLUNTARY INFORMATION:				
How would you describe yourself? Ethnicity: Hispanic/Latino			•	
Please select from one or more of the following: ☐ America ☐ Black or African American ☐ Native Hawaiian or Other Page	,		American	
What is the highest educational level completed by at least of			School/Secondary School	
☐ Associate Degree (or less than a four-year degree) ☐ Bach		-		
☐ Other/unknown ☐ Prefer not to answer	icioi a Degree or be	yona (at icast o		
= Stricty difficient = 1 refer flot to difficult			PLEASE COMPLETE OTHER SIDE	

• HAVE YOU TAKEN OR WILL YOU EARN COLLEGE CREDITS WHILE ENROLLED IN HIGH SCHOOL? □ No □ AP Classes □ IB Classes □ Yes, at:
LIST COLLEGE, SCHOOL OR UNIVERSITY
• DIVISION III ATHLETIC INTERESTS:
□ Baseball □ Men's Basketball □ Women's Basketball □ Women's Bowling □ Cross Country (co-ed) □ Men's Golf □ Men's Lacrosse □ Women's Lacrosse □ Men's Soccer □ Women's Soccer □ Softball □ Women's Tennis □ Women's Volleyball
• EXTRACURRICULAR COMMUNITY SERVICE INTERESTS:
• PLEASE CHECK IF YOU HAVE TAKEN THE FOLLOWING TESTS:
□ SAT/
DATE EVIDENCE BASED READING + MATH SCORE = TOTAL SCORE AND WRITING SCORE
□ ACT/ □ If retaking the test(s), when do you plan to?/ Self-Reported GPA:
High school transcripts are still required with application.
• ARE YOU THE RELATIVE OF A LA ROCHE UNIVERSITY ALUMNUS? No Father Mother Mot
GRADUATION YEAR FIRST NAME LAST NAME (USED WHILE ATTENDING LA ROCHE) GRADUATION YEAR FIRST NAME LAST NAME (USED WHILE ATTENDING LA ROCHE)
• ARE YOU THE SON/DAUGHTER OF A FULL-TIME LA ROCHE UNIVERSITY EMPLOYEE?
☐ Yes ☐ No Parent Name:
• ARE YOU A VETERAN/ACTIVE DUTY MILITARY OR A DEPENDENT OF ONE?
☐ Veteran/active duty military ☐ Dependent ☐ Neither Will you be applying for veteran benefits? ☐ Yes ☐ No
• HOW DID YOU HEAR ABOUT LA ROCHE UNIVERSITY?
••••••••••••••••••••••••••••••••••••
APPLICATION INSTRUCTIONS:
WHEN TO APPLY: La Roche University offers rolling admissions, meaning that we evaluate applications as they arrive and make decisions shortly after receiving all application materials. Decisions regarding rising high school senior applications begin mid-July.
A. Official high school transcript. We must have original copies of academic records from all secondary and post-secondary institutions attended. Home-schooled students may submit transcripts generated by a parent, but they must ultimately submit a transcript validated by an organization recognized by their state's department of education (either a local school district or third-party organization). International students should apply online at laroche.edu/internationalapply. B. Graduation Equivalence Diploma (GED), if not a high school graduate. C. SAT or ACT scores (optional). D. Letter of recommendation (optional). E. Essay (optional) - In 250 words or less, please share why earning a college degree specifically from La Roche University is important to you, and why you believe a La Roche education will help you to achieve your life goals. Please provide in a separate document.
MAIL ALL DOCUMENTS TO: La Roche University Office of Freshman Admissions 9000 Babcock Boulevard Pittsburgh, PA 15237
MAJOR-SPECIFIC REQUIREMENTS:
• Radiologic Technology: Students who wish to major in radiologic technology must also apply to the Heritage Valley Kennedy School of Radiography after they have completed all application requirements for La Roche University. Please call 412-777-6210 for more information.
TO CONTACT THE FRESHMAN ADMISSIONS OFFICE:

admissions@laroche.edu | 412-536-1272 or 844-838-4578 | 412-847-1820 (FAX) | laroche.edu