

FRESHMAN ADMISSIONS APPLICATION

PLEASE PRINT FIELDS IN RED ARE REQUIRED	
First Name: Middle Initial:	Last Name:
Preferred Name:	
CONTACT INFORMATION:	
Cell Phone:	Home:
Student Email Address:	
How would you like to be contacted? Please choose more than	n one option: Text Cell Home Phone Email
MAILING PREFERRED ADDRESS:	
Street Address:	
	State: ZIP Code:
PERMANENT ADDRESS (if different from mailing address): Street Address:	
City:	State: ZIP Code:
PERSONAL INFORMATION:	
Date of Birth (MM/DD/YY):/ Social Securit	y Number:
Gender: ☐ Male ☐ Female Country of Citizenship:	
APPLICATION INFORMATION:	
Enrollment Term: ☐ FALL ☐ SPRING ☐ SUM	MER Have you applied before? ☐ Yes ☐ No
Residency Status: Resident Commuter Will you be ap	pplying for financial aid? □ Yes □ No
High School attended:	Graduation Year:
MAJOR:	
PARENT/GUARDIAN/FAMILY INFORMATION:	
Name:	Name:
Relationship:	Relationship:
Street Address:(IF DIFFERENT FROM MAILING/PREFERRED ADDRESS ABOVE)	Street Address:
City, State, ZIP code:	City, State, ZIP code:
Email Address:	Email Address:
Cell Phone:	Cell Phone:
VOLUNTARY INFORMATION:	
How would you describe yourself? Ethnicity: Hispanic/Lati	ino of any origin (Spanish, Mexican, Puerto Rican, etc.) ☐ Yes ☐ No
Please select from one or more of the following: American	can Indian/Alaskan native 🔲 Asian-American
☐ Black or African-American ☐ Native Hawaiian or Other F	Pacific Islander 👊 White
• HAVE YOU TAKEN OR WILL YOU EARN COLLEGE CRE	EDITS WHILE ENROLLED IN HIGH SCHOOL?
□ No □ AP Classes □ IB Classes □ Yes, at:	

• 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 OR IF YOU ARE APPLYING AS TEST OPTIONAL: EVIDENCE BASED READING MATH SCORE TOTAL SCORE AND WRITING SCORE ☐ If retaking the test(s), when do you plan to? ___/___ Self-Reported GPA: __ High school transcripts and official test scores are still required with application. ☐ TEST OPTIONAL (See requirements and details below under APPLICATION REQUIREMENTS.) • ARE YOU THE RELATIVE OF A LA ROCHE UNIVERSITY ALUMNUS? □ No □ Father □ Mother □ Aunt □ Uncle □ Grandparent If yes, please list the exact name of the relative when he/she was a student at La Roche University: GRADUATION YEAR FIRST NAME LAST NAME (USED WHILE ATTENDING LA ROCHE) GRADUATION YEAR FIRST NAME ARE YOU THE SON/DAUGHTER OF A FULL-TIME LA ROCHE UNIVERSITY EMPLOYEE? ☐ Yes ☐ No Parent Name: _ LAST 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.

APPLICATION REQUIREMENTS - IN ADDITION TO THIS APPLICATION YOU MUST ALSO SUBMIT THE FOLLOWING:

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. (Students opting for test-optional admissions must still meet admissions requirements. A letter of reference from a student's school counselor or from one of the student's high school teachers is needed.) **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: • Dance major/minor: Students interested in pursuing a dance major or minor must schedule an audition with the faculty after they have submitted all application materials. Please call Bodiography at 412-521-6094 for further information on auditions.
• 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. • Test-Optional Exceptions: The following majors, programs, and special populations do require a test score: LECOM pre-professional programs, such as Pre-Pharmacy, Pre-Dental, and Pre-Osteopathic Medicine; Honors Institute applicants (GPA and SAT/ACT); home-schooled applicants; students with

TO CONTACT THE FRESHMAN ADMISSIONS OFFICE:

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

a GED: international students (IELTS/TOEFL); and pre-engineering students (recommended for higher math placement).