PLEASE PRINT | FIELDS IN RED ARE REQUIRED

First Name: ____________________________ Middle Initial: _____ Last Name: ____________________________

Prefered Name: ____________________________

CONTACT INFORMATION:

Cell Phone: ____________________________ Home: ____________________________

Student Email Address: ____________________________

How would you like to be contacted? Please choose more than one option: □ Text □ Cell □ Home Phone □ Email

MAILING | PREFERRED ADDRESS:

Street Address: ____________________________

City: ____________________________ 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 Security Number: ____________________________

Gender: □ Male □ Female Country of Citizenship: ____________________________

APPLICATION INFORMATION:

Enrollment Term: □ FALL _______ □ SPRING _______ □ SUMMER _______ Have you applied before? □ Yes □ No

Residency Status: □ Resident □ Commuter Will you be applying for financial aid? □ Yes □ No

High School attended: ____________________________ Graduation Year: _______

MAJOR: ____________________________

PARENT/GUARDIAN/FAMILY INFORMATION:

Name: ____________________________ Relationship: ____________________________

Name: ____________________________ Relationship: ____________________________

Street Address:__________________________ (IF DIFFERENT FROM MAILING/PREFERRED ADDRESS ABOVE)

City, State, ZIP code: ____________________________

Email Address: ____________________________

Cell Phone: ____________________________

VOLUNTARY INFORMATION:

How would you describe yourself? Ethnicity: Hispanic/Latino of any origin (Spanish, Mexican, Puerto Rican, etc.) □ Yes □ No

Please select from one or more of the following: □ American Indian/Alaskan native □ Asian-American

□ Black or African-American □ Native Hawaiian or Other Pacific Islander □ White

• 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 OR IF YOU ARE APPLYING AS TEST OPTIONAL:
  - SAT ___ / ___ / ___ DATE EVIDENCE BASED READING AND WRITING SCORE + MATH SCORE = TOTAL SCORE
  - ACT ___ / ___ / ___ DATE COMPOSITE 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                                      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.

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

TO CONTACT THE FRESHMAN ADMISSIONS OFFICE:
admissions@laroc.edu  |  412-536-1272 or 844-838-4578  |  412-847-1820 (FAX)  |  laroc.edu

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

Vice President for Student Life & Dean of Students - 412-521-3409 | Director of Admissions - 412-536-1377 | Associate Vice President for Human Resources - 412-536-1115. For further information on notice of non-discrimination, call 1-800-421-3481.