6+6 program

JOINT APPLICATION FOR ADMISSION

STRAYER UNIVERSITY/
UVA/SCPS

ADMISSIONS OFFICE USE ONLY	
ADMISSIONS OFFICER	CLASSIFICATION ❒ F ❒ T ❒ R
EXPECTED ENTRY DATE	SCHEDULED TEST DATE
SOURCE	INQUIRY #

Please type or print using a ball point pen.

To conform with the Privacy Rights of Parents and Students Act (The Buckley Amendment), Strayer University has identified the following data as "directory information" which will be released upon inquiry unless a student files a written notification with the Records Office of his/her desire not to have such information released: address, telephone number, dates of attendance, field of study, credit hours earned, degree earned, and honors received. All other data on the application for admission is confidential and will not be released, except as required by law, without the student's permission.

Strayer University is an equal employment opportunity/affirmative action institution. The University is committed to a policy of equal opportunity in student admissions, student financial assistance, and other student policies and activities, and accordingly will not practice discrimination based on age, sex, color, religion, handicap, or national origin.

PERSONAL DATA

Last Name | First Name | M.I. | Social Security Number

Previous Name | Home Telephone Number | Work Telephone Number | Ext.

Fax Number | E-mail Address

Street Address (line 1) | Date of Birth (month / day / year)

Street Address (line 2)

City | State | Zip/Postal Code | Country/Province

❒ USA ❒ Other _____

Citizenship

❒ U.S. ❒ Dual citizen of US and _____
❒ U.S. permanent resident; citizen of _____
❒ Not a U.S. citizen or permanent resident; citizen of _____

Green card number A-_____ Visa Type:_____
If you hold a non-permanent visa, specify type (not I-20 or I-94)

Ethnic Origin *(optional–for statistical purposes only)*

❒ Black, Non-Hispanic
❒ American Indian or Alaskan Native
❒ Asian or Pacific Islander
❒ Hispanic
❒ White, Non-Hispanic

Gender ❒ Female ❒ Male

CHECK APPROPRIATE BLOCKS

I am applying for the Quarter beginning:

❒ Fall, 20___ ❒ Winter, 20___ ❒ Spring, 20___ ❒ Summer, 20___

I am currently employed:

■ Yes ❒ No Employer: Booz Allen Hamilton

I am applying for: (check one)

STRAYER UNIVERSITY	UNIVERSITY OF VIRGINIA School of Continuing and Professional Studies
Master's Programs	UVA/SCPS Certificate Programs
❒ Master of Science in Communications Technology ❒ Master of Business Administration	❒ Information Security Management ❒ Technology Leadership

(over)

ACADEMIC HISTORY

I have taken the following examinations: ❒ SAT ❒ ACT ❒ GMAT ❒ GRE ❒ TOEFL ❒ Other _____ (please specify)

❒ I am a high school graduate.

Name of High School	City	State/Province	Country	Year of Graduation

❒ I am a G.E.D. recipient.

Name of School, School Board, or Agency Issuing G.E.D.	City	State	Year of G.E.D.

Colleges, universities, or postsecondary institutions attended (please list below): ❒ None

Name of Institution / City / State/Province / Country	Year Last Attended	Major	Degree Earned	Student Name (if different at time of attendance)

Y ❒ N ❒ I have college-level credit in English.
Y ❒ N ❒ I have college-level credit in mathematics.
Y ❒ N ❒ I am a DOD employee; or active duty/retired military, or military dependent.*
Y ❒ N ❒ Do you wish to claim a disability at this time?

Strayer University offers equal opportunity to students with disabilities. You are not required to disclose any disability you may have; however, if you wish the University to provide you with reasonable accommodations, you must disclose your disability. If you check "yes" above, you will be sent additional information by the office of the Dean of Student Affairs.

Y ❒ N ❒ I have military experience to be evaluated for college credit.*
Y ❒ N ❒ I am currently utilizing Servicemembers Opportunity Colleges (SOC) benefits.*

FINANCIAL ASSISTANCE INFORMATION*

This Financial Aid Information Section does not constitute an application for financial aid. This information is used to assist you in obtaining the proper financial aid application(s) for the various educational assistance programs available.

Y ❒ N ❒ I plan to request federal financial assistance.
Y ❒ N ❒ I plan to request a Strayer Education Loan (SEL).
Y ❒ N ❒ I plan to request Vocational Rehabilitation Benefits.
Y ❒ N ❒ I plan to request Veterans Educational Benefits.

ADMISSIONS REQUIREMENTS

1. This application must be completed, signed, and submitted to the Admissions Office.
2. If you are a transfer or graduate student, Strayer University will request academic transcripts on your behalf from the colleges and universities that you have attended, and you will be billed for the cost of the transcripts. By signing your name below, you authorize Strayer University to request transcripts from the institutions that you attended.
3. For additional information, please refer to the Strayer University Catalog and Student Handbook (available online at *http://studentserver.strayer.edu)*.

I certify that I received a current Strayer University Catalog and Student Handbook or have read them online *(http://studentserver.strayer.edu)* and understand that I am responsible for adhering to all policies and procedures of the University and that failure to do so may result in suspension or dismissal. I certify that the information given in this application is complete and accurate. I understand that withholding or giving false information will make me ineligible for admission or result in dismissal from Strayer University. I consent to receiving telephone calls and/or emails from Strayer University at the telephone number and/or email address indicated. I understand and agree that Strayer University may disclose information from my education records to U.S., federal, state and local law enforcement, immigration, health, and other government agencies for the purpose of assisting such agencies in the administration of financial aid programs or to address matters of public health and safety. I am aware that information concerning Strayer University campus security regulations, recommended personal safety practices, the University's drug and alcohol policy, resources for drug and alcohol treatment and victims of sexual abuse, campus crime reporting guidelines and campus crime statistics for the most recent three year period is available on the Strayer University website at *http://studentserver.strayer.edu*.

Honor Code

I have read and understand Strayer University's Academic Integrity Policy. I promise to conduct myself with integrity in the submission of all academic work to the University and will not give or receive unauthorized assistance for the completion of assignments, research papers, examinations or other work. I understand that violations of the Academic Integrity Policy will lead to disciplinary action against me, up to and including suspension or expulsion from the University. I understand that all students play a role in preserving the academic integrity of the University and have an obligation to report violations of the Academic Integrity Policy committed by other students.

Applicant's Signature (required)	**Date**

** Only available to U.S. citizens and permanent residents.*