

# DOMINICAN College



470 Western Highway  
Orangeburg, NY 10962  
866-4DC-INFO e-mail: admissions @dc.edu  
www.dc.edu

## UNDERGRADUATE ADMISSION APPLICATION

**(ADULT STUDENTS)**

\*Please remember to sign this application.

\*A non-refundable application fee of \$35.00 must accompany every application.

Dominican College considers all applicants without regard to race, religion, color, national origin, age, sex, marital status, disability, veteran status or any other characteristic protected by applicable state or federal civil rights laws. Some information requested in this application is requested for federal reporting, and will not be used in a discriminatory manner.

### PERSONAL DATA

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN/FORMER)

Social Security # \_\_\_\_\_ Gender  Male  Female Married  Yes  No

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (Evening) \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Will you apply for financial aid?  Yes  No Citizenship:  US citizen OR, if not a US citizen then, type of visa \_\_\_\_\_

Do you have any limitation requiring accommodation?  Yes  No

#### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Weekend) \_\_\_\_\_

### EDUCATIONAL INFORMATION

List any schools or colleges\* that you have attended or are attending: (\*Failure to list all institutions attended may result in withdrawal of your acceptance to the College or matriculation status.)

NAME	CITY/STATE	ATTENDANCE DATES	DEGREE EARNED

Name of High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

TOEFL (International Students) \_\_\_\_\_

Do you have a high school diploma or its equivalent?  Yes  No Date Issued: \_\_\_\_\_

## I AM A CANDIDATE FOR

Will you attend:  Accel  Weekend College  Traditional Day/Evening

<input type="checkbox"/> Fall Session 1	<input type="checkbox"/> Fall Session 2	<input type="checkbox"/> Fall Trimester	<input type="checkbox"/> Fall
<input type="checkbox"/> Spring Session 3	<input type="checkbox"/> Spring Session 4	<input type="checkbox"/> Spring Trimester	<input type="checkbox"/> Spring
<input type="checkbox"/> Summer Session 5	<input type="checkbox"/> Summer Session 6	<input type="checkbox"/> Summer Trimester	<input type="checkbox"/> Summer

Will you take:  Less than nine credits per term  
 Nine credits or more per term

Will your schedule be:  Full-time  Part-time

Please indicate a major:  Undecided  Associate in Arts  Non Degree

### BUSINESS

- Accounting
- Business Administration
- CIS
- Economics
- Health Services Admin.
- International Mgmt.
- Management
- Marketing
- Management
  - Financial
  - Human Resources
  - Information Systems
  - International Management
  - Marketing Management

### EDUCATION

- Elementary Ed.
- Special Education/Elem Ed.

### SCIENCE

- Athletic Training
- Biology
- Occupational Therapy (BS/MS)
- Pre-Physical Therapy

### NURSING

- RN's Only
  - Weekend College
  - Accelerated
- Non-Nursing Students w/BS degree
  - ABSN

### LIBERAL ARTS

- English
- History
- Humanities
- Psychology
- Social Sciences
  - Criminal Justice
  - Economics
  - History
  - Political Science
  - Sociology/Anthropology
- Social Work

## PREDOMINANT ETHNIC BACKGROUND (requested for federal reporting, but optional)

- Asian or South Pacific Islander  Latin or Hispanic  African American/Black  
 Native American/Alaskan Native  Multi-ethnic \_\_\_\_\_  Caucasian

## HOW DID YOU LEARN ABOUT DOMINICAN COLLEGE

- Colleague  Employer  Web Site  Advertisement  Alumni \_\_\_\_\_ NAME  
 Family Member  College Fair  Mail  Radio  Student currently attending \_\_\_\_\_ NAME  
 Other \_\_\_\_\_

Other College/Universities you are applying to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please enclose the \$35 application fee and return in the enclosed envelope.

I certify to the best of my knowledge that the above information is accurate and complete. I fully understand that any falsification or omission of facts may result in denial of admission or, if enrolled, may result in dismissal.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_