

APPLICATION FOR ADMISSION

Office of Admissions 110 South Madison	Mail or fax your completed application to the Adrian College Office of Admissions.							
Adrian, MI 49221								
1-800-877-2246 Fax 517-264-3878	Submit official SAT or ACT scores to the Adrian College Office of Admissions.							
	* If you are an international student, a graduate student or a re-entering student contact the Office of							
	Admissions for the appropriate appli	cation.	J					
PERSONAL INFO	ORMATION							
Name		Preferred Name	Date of Birth / /					
Address		City	State Zip					
Home Phone ()	_ I am a United States citizen ○ Yes ○ No						
Cell Phone ()	_ I am a permanent U.S. resident ○ Yes ○ No						
Email Address		_ Gender O Male O Female						
		Marital Status	O Single O Married					
OPTIONAL INFO	ORMATION							
Ethnicity - Please ch	eck all that apply.	Social Security Number						
O Black/African-Ame	erican (Hispanic/Latino (Ca	aucasian Religious Affilia	tion					
Native Hawaiian/Other Pacific Islan	○ American Indian/ ○ Asoder Alaska Native	sian						
FAMILY INFORM	IATION							
○ A Paren		Other	parents have a college degree? Yes No					
		Degree Obtained						
		Occupation & Title						
Work Phone ()	Email Address						
Guardian's Name								
Address (if different)								
College Attended _		Degree Obtained						
Employer		Occupation & Title						
Work Phone ()	Email Address						
List any siblings who	currently attend, or who have gra	duated from college:						
		College(s)						
List relatives or friend	ds who have attended or are atte	nding Adrian College:	Graduation Year					
Name		- Keiationsnip —————	Graduation Year					

_____Relationship _____ Graduation Year ____

	CINFORMATION						
I plan to enrol I am applying			0	Spring Part-t	g Semester (transfer stud ima	dents only) of (year)	
i aiii appiyiiig	S Freshm		0	Trans		(year)	
I plan to	O Live in	Campus Housing	•	Comr	nute From Home		
-		,	Ü	00			
Currently, my	top choice for majors/prog	rams are:					
1			2.				
Are you interes	eted in Educational Support:					<u></u>	
HIGH SCH	OOL INFORMATION	V .					
High School N	ame						
						p	
Name of Guida	ance Counselor						
	Phone ()						
) Public		rivate			
College(s) atte	nded (if any)						
Date Attended Degree(s) Earned							
Total transfer l	nours completed	c	Cumula	tive C	6PA		
Total transfer l	nours now enrolled	^	Anticip	ated (GPA		
TEST RECO	RD						
I have taken the	ACT. Yes	No I will re t	take th	e ACT.	⊜Yes ⊜No	Date	
I have taken the						Date —	
The ACT College	e Code for Adrian College is #1	954 // The SAT Co	ollege C	Code fo	or Adrian College is #1001		
	LINTERESTS						
Sports	Acrobat and Tumbling				Golf		
Sports	Baseball	Cross Cou	ntry	0		○ Track	
	○ Basketball	O Dance		Ö	Lacrosse	○ Volleyball	
	Bass FishingBowling	EquestrianFigure Ska		0	Soccer Softball	○ Wrestling○ Other	
	○ Cheer	☐ Figure Ska☐ Football	ung	0	Synchronized Skating	Other	
Co-curricular	O Choir	Newspape	r		Religious Life		
	O Greek Life	Orchestra	1		Student Government		
	○ Marching Band	○ Radio		\circ	Theatre		
ADDITION	NAL INFORMATION						
l plan to apply	for Financial Assistance.	0	Yes	\circ	No		
	o						
	t file the Free Application t ideration. The code for Adri		ent Aic	I (FAF	SA) between January 1	l and March 1 for	
l hald a Michia	on Educational Trust Contra	o+ (MET)	Yes	\bigcirc	No		
	an Educational Trust Contra			_			
juvenile court, d	been convicted of a crimina or are there any such charge xplain on a separate sheet o	s pending against	an a tra t you?	iffic vio	olation, or have you bee es ONo	n found delinquent by a	
that all docume	e information given on this a ents submitted become the this form could render me s	property of Adriar	n Colle	ge. Ιι	ınderstand that any misi	knowledge. I understand representation of	
Shirt Size:							
			l a.		and asset over the A.C.	i C-II-	
My signature a	uthorizes my high school t	o provide official	I trans	cripts	and test scores to Adr	ian College.	
Signature of Applicant			Date				