

University of La Verne

Application for Adult Undergraduate Admission

Educational Background continued

List below all institutions of higher learning (colleges, universities, and trade schools) including those you are currently attending. **Any coursework not listed below will not be considered for transfer credit after admission has been granted. Failure to list this coursework may result in academic dismissal.**

Official copies of transcripts must be sent by the college or university directly to your La Verne regional campus. Transcript request forms with the appropriate La Verne regional campus address will be sent to you upon receipt of this application.

Name of School	City & State	Dates Attended	Degree

Estimated Transfer GPA: Below 2.00 2.00-2.30 2.30-2.50 2.50-3.00 Above 3.0

Applicants whose admission GPA is less than 2.0 must consult with their academic advisor to determine admission status before enrolling in any courses.

Do you have non-collegiate credits you wish us to consider:

Military Credit/Basic Training: Yes No

RN/Allied Health Licenses or Training: Yes No

CLEP: Yes No

DANTES: Yes No

Advanced Placement: Yes No

ACE Credits: Yes No

Vocational/Technical Training: Yes No If yes, list: _____

I certify that, to the best of my knowledge, the information furnished in this application is true and complete. I understand that all application materials forwarded to the university becomes its property and will not be copied, released, returned to me, or forwarded to another individual or institution.

I agree to accept the appropriate university catalog as the basis for decisions about university programs and policies. I understand that the penalties for providing false information will result in the voiding of this application and the inability to submit future applications. Further, I understand that falsification of information is grounds for immediate dismissal from the university.

Signature of Applicant _____ Date _____ / _____ / _____

Demographic Data

The information in this section will not be used to discriminate against applicants. The categories listed below are those developed by the federal government for statistical analysis. Please check the boxes that apply to you.

Gender: Male Female What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

Select one or more races to indicate what you consider yourself:

- American Indian/Native Alaskan. Original Peoples of the Americas.
- Black/African American. Includes Africa and the Caribbean.
- Asian. Includes India and the Philippines.
- Hawaiian/Pacific Islander. Native Hawaiian or Other Pacific Islander.
- White. Includes Middle Eastern.

Thank you for submitting your application. We will be in touch with you to help you complete the admission process.

For Office Use Only

Application Fee Recorded _____ \$ _____ Receipt# _____