

Saint James University



APPLICATION FOR ADMISSION

Health Sciences Undergraduate Programs

PERSONAL INFORMATION

Student Name _____
Last First Middle

Address _____

City / State / Zip _____

Phone Number (____) _____

Date of Birth: ____/____/____ Social security number ____-____-____
Mo Day Year

Citizenship: USA Canada Other _____

Current Marital Status:

- Single Engaged Married Widowed
 Separated Divorced Remarried

If not a US citizen **AND** you applying to take classes on campus, do you have a student visa? Yes No

Parent / Guardian Information (If applicant is under the age of 21)

Name(s) _____

Address _____ Phone Number (____) _____

City / State / Zip _____

EDUCATIONAL INFORMATION

High school attending or graduated from _____

City / State / Zip _____

Were you or, are you being homeschooled? Yes No

Have you taken the ACT? Yes No Have you taken the SAT I? Yes No

Please list all postsecondary schools you have attended.

If you have attended more than two schools, submit additional school information on a separate sheet.

College _____ Dates attended _____

College _____ Dates attended _____

Please attach
Passport-size
photo here.

EDUCATIONAL INFORMATION (CONT'D)

Have you ever been denied enrollment, suspended, or dismissed from any school?

Yes

No

If so, please explain on a separate sheet.

Do you have any outstanding college debts?

Yes

No

You must have an official copy of your transcript on file in the Admissions Office before credits can be evaluated for possible transfer. A transcript request form is included with this application.

ACCEPTANCE AGREEMENT

Your signature below indicates your understanding and submission to the following conditions: Attendance at Saint James University is a privilege and is granted only to those who maintain a Christ-honoring testimony and desired standards of scholarship. Saint James University reserves the right to determine which students it shall admit and the right to dismiss any student at any time who in the judgment of the administration does not maintain such a testimony and standards. Behavior which indicates a disregard for the spirit and standards of the University will necessitate appropriate disciplinary action. Saint James University also reserves the right to be involved in the oversight of the students' living and working circumstances. I certify that the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the University. I also understand that I am financially responsible for the payment of this account.

Applicant's signature _____ Date _____

Please include the \$75 processing fee, and mail this form to:

ADMISSIONS OFFICE ♦ SAINT JAMES UNIVERSITY

PO BOX 591 ♦ KATY, TX 77492-0591

Saint James University



TRANSCRIPT REQUEST FORM For High School and College Records

It is the responsibility of the applicant to request an official transcript from all schools and colleges attended. Transcripts must be sent directly from the school or college to the Admissions Office at Saint James University.

This form is provided to aid you in requesting these transcripts. You may photocopy this form if you require additional copies. Simply complete the form and mail it to the institution from which you are requesting a transcript.

TO THE REGISTRAR OR PRINCIPAL:

Complete name of high school or college

Dates attended

Address

City State Zip

(_____) _____
Phone number

Please send a copy of my High school transcript Official College transcript

To: Saint James University
P.O. Box 591
Katy, TX 77492-0591

Applicant's name (type or print)

(_____) _____
Applicant's Phone Number

Date

_____-_____-_____
Social security number

Signature