



Donnelly College is committed to a policy of equal opportunity for all persons without regard to race, creed, age, handicap, national origin, religious tradition, or family status. This policy is applicable to all employment practices, admissions and services to students, faculty and staff and the community.

FALL SEMESTER 20____ SPRING SEMESTER 20____ SUMMER SEMESTER 20____

PERSONAL INFORMATION

FIRST NAME _____ MIDDLE NAME _____
LAST NAME _____ PRIOR LAST NAME/ MAIDEN NAME _____
DATE OF BIRTH (MM/DD/YYYY) _____ COUNTRY OF BIRTH _____
SOCIAL SECURITY NUMBER _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTRY _____
PRIMARY PHONE () _____ SECONDARY PHONE () _____
EMAIL ADDRESS _____

ADMISSION INFORMATION

NEW DONNELLY STUDENT (have not taken any classes at Donnelly)
 READMIT STUDENT (took classes with Donnelly prior to last semester)
 CONTINUING STUDENT (took classes with Donnelly last semester)

DEGREE/MAJOR
DEGREE _____
MAJOR _____

STUDENT DEMOGRAPHIC INFORMATION

The United States Department of Health and Human Services request that colleges receiving financial assistance submit enrollment data for certain reports. Students will not be identified individually in any of the reports.

GENDER:

- Male
- Female

MARITAL STATUS:

- Married
- Single

RELIGION:

- Catholic
- Other

RACE:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

ARE YOU HISPANIC/LATINO?

- Yes
- No

CITIZENSHIP:

- Country of Birth _____
- US Citizen
- Permanent Resident
- International
- Visa Type _____

MILITARY SERVICE HISTORY

Are you, or have you ever been, in the U.S. Military? Yes No

If yes, what is your current status? Active Duty Active Reserve Inactive Reserve Retired Veteran None

Is one of your parents and/ or spouse an active duty member or veteran of the U.S. Armed Forces? Yes No

FIRST GENERATION COLLEGE STUDENT

First generation means that neither of your parents or guardians earned a 4-year college degree or higher.

Are you a First Generation student? Yes No

EDUCATIONAL BACKGROUND

Have you received college credit or attended another college? Yes No

If yes, which college(s) did you attend? _____

Approximately how many credit hours did you earn? _____ Do you have your Associate Degree? Yes No

Did you graduate high school or earn your GED? High School Graduate GED Graduate

Name of high school _____ Graduation date (MM/DD/YYYY) _____

I understand that credit for courses completed will not be awarded until an official transcript is submitted. I certify that the information provided is correct and complete and that I meet the college's admissions requirements. I acknowledge and accept fully responsibility for the application of courses to my educational objective.

EMERGENCY CONTACT

First Name _____ Last Name _____

Relationship _____ Phone Number _____

Student Signature: X _____ Date _____