



# HIWASSEE COLLEGE

## Application for Admissions

Complete this form and return it to the Office of Admissions. Official copies of all academic work (both high school and college) and ACT or SAT scores must also be submitted. (Please note: a fee for \$25 will be required in order to process this application.)

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle/Maiden)

Preferred Name \_\_\_\_\_ Former Name(s) \_\_\_\_\_

Permanent Address \_\_\_\_\_ (Street/Box) \_\_\_\_\_ (County) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

E-mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Gender	Marital Status	Ethnic Origin (Mark all that apply)			
<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Male	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Race and Ethnicity Unknown
	<input type="checkbox"/> Widowed		<input type="checkbox"/> Two or more races	<input type="checkbox"/> Asian	
			<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Hawaiian Native/Pacific Islander	

Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

U.S. Citizen  Yes  No If No, what type of visa do you hold? \_\_\_\_\_

### I will be (check all that apply)

<input type="checkbox"/> Freshman	<input type="checkbox"/> Dual-Enrollment	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Resident	<input type="checkbox"/> Traditional Student	Pursuing my: <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Transfer	<input type="checkbox"/> Non-Degree	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Commuter	<input type="checkbox"/> Evening Student	
<input type="checkbox"/> Re-Admit					

Have you previously attended and/or earned any academic credit at Hiwassee College?  Yes  No If yes, when? \_\_\_\_\_

I plan to enter: Year \_\_\_\_\_  Fall  Spring  May Term  Summer, I  Summer, II I plan to apply for financial aid.  Yes  No

### PROGRAMS OF STUDY

Please indicate your academic interest. Choose One:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Accounting                  | <input type="checkbox"/> Education (Elementary)         | <input type="checkbox"/> Pastoral Studies       | <input type="checkbox"/> Pre-Physical Therapy |
| <input type="checkbox"/> Agri-Business Technology    | <input type="checkbox"/> Education (Secondary)          | <input type="checkbox"/> Physical Education     | <input type="checkbox"/> Pre-Veterinary       |
| <input type="checkbox"/> Agriculture                 | <input type="checkbox"/> English                        | <input type="checkbox"/> Pre-Dentistry          | <input type="checkbox"/> Psychology           |
| <input type="checkbox"/> Animal Science              | <input type="checkbox"/> Equine Science                 | <input type="checkbox"/> Pre-Engineering        | <input type="checkbox"/> Sociology            |
| <input type="checkbox"/> Biology                     | <input type="checkbox"/> Equine Management & Training   | <input type="checkbox"/> Pre-Law                | <input type="checkbox"/> Theatre              |
| <input type="checkbox"/> Business                    | <input type="checkbox"/> Forestry                       | <input type="checkbox"/> Pre-Medicine           | <input type="checkbox"/> Undecided            |
| <input type="checkbox"/> Chemistry                   | <input type="checkbox"/> Forestry Technology            | <input type="checkbox"/> Pre-Medical Records    | <input type="checkbox"/> Wildlife & Fisheries |
| <input type="checkbox"/> Communications              | <input type="checkbox"/> History                        | <input type="checkbox"/> Pre-Medical Technology |   |
| <input type="checkbox"/> Computer Information System | <input type="checkbox"/> Human Services                 | <input type="checkbox"/> Pre-Ministerial        |   |
| <input type="checkbox"/> Criminal Justice            | <input type="checkbox"/> Interdisciplinary Liberal Arts | <input type="checkbox"/> Pre-Nursing            |   |
| <input type="checkbox"/> Dental Hygiene              | <input type="checkbox"/> Liberal Arts                   | <input type="checkbox"/> Pre-Optometry          |   |
| <input type="checkbox"/> Economics                   | <input type="checkbox"/> Music                          | <input type="checkbox"/> Pre-Pharmacy           |   |

List of all schools and/or colleges you have attended:

Name of Institution	City/State	Dates Attended	Degree

Have you ever been officially disciplined or suspended by any institution?  Yes  No If yes, please explain. \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, please explain. \_\_\_\_\_

Is your high school:  public  private  home school

Do you have a GED Certificate?  Yes  No

Date(s) you have taken or plan to take the ACT or SAT: \_\_\_\_\_

Are you a veteran?  Yes  No Branch: \_\_\_\_\_ Length of Service: \_\_\_\_\_

List your main extra curricular and community experiences in order of the interest to you. Check in the left column beside those activities you hope to pursue in college.

\_\_\_\_\_ positions held/honors won \_\_\_\_\_

\_\_\_\_\_ positions held/honors won \_\_\_\_\_

\_\_\_\_\_ positions held/honors won \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

If parents are separated or divorced, with which parent do you reside? \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Are you a member?  Yes  No

Name of Church: \_\_\_\_\_ Minister: \_\_\_\_\_

Who influenced you to attend Hiwassee? \_\_\_\_\_ How did you hear about Hiwassee? \_\_\_\_\_

To what other colleges have you applied? \_\_\_\_\_

Names of relatives who attended Hiwassee College and their relationship to you: \_\_\_\_\_

I hereby apply for admission to Hiwassee College. I understand that Hiwassee College is a Christian institution of higher learning and expects a high standard of conduct from its students. I enthusiastically endorse these expectations for my conduct. I will do my very best to adhere to the principles of the Christian life and will help my fellow students do the same. Upon enrollment, I agree to abide by all rules, regulations and expectations of the College, and I understand that violation of these rules or regulations could result in disciplinary action up to and including dismissal. The information supplied on this form is true and correct to the best of my knowledge. I understand that misrepresentation or failure to include full information could result in my dismissal from the College. My signature authorizes my school to release my official academic transcript to Hiwassee College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Hiwassee College strives to act without discrimination as to race, color, gender, age, disability; and/or national or ethnic origin in the practice of student admissions and retention, student placement and housing, financial aid, and employment, as the College keeps its commitment to comply with the letter and spirit of various anti-discrimination laws but not limited to Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; and the Americans with Disabilities Act.