



School of Continuing Studies

Undergraduate Application/New Student Information Form

Student Information

Unless noted, all fields are required. Please print.

____-____-____

UR ID/SSN

SSN will be replaced by an ALTERNATE ID number, which will be used as your primary identification.

I would like to begin courses in:		
FALL 20____	SPRING 20____	SUMMER 20____

NAME _____

LAST NAME FIRST NAME MIDDLE NAME OR INITIAL

ADDRESS

STREET _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ **E-MAIL** _____

PERMANENT RESIDENT OF: Virginia City _____ Virginia County _____ Other State or Country _____

BIRTH DATE: ____/____/____ **GENDER:** MALE FEMALE **US CITIZEN** Yes No

IS ENGLISH YOUR NATIVE LANGUAGE? Yes No

If no, have official TOEFL scores sent **directly** to the University of Richmond (School Code: 5569). If you have taken the TOEFL and requested that a score report be sent to the University of Richmond, please indicate the month and year that you took the TOEFL: _____

ETHNICITY/RACE (Optional)

- Are you Hispanic/Latino? Yes, Hispanic or Latino No
- Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Employer Information

EMPLOYER _____ **BUSINESS PHONE** _____

WORK ADDRESS

STREET _____ SUITE/BLDG/FLOOR _____ CITY _____ STATE _____ ZIP CODE _____

Other Information

Have you ever taken courses in or been accepted into any program at the University of Richmond? Yes No

If yes, give dates: _____ DIVISION/SCHOOL _____

Name when you attended _____

Have you been dismissed from a college or university within the last year? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

As of July 1, 2006, Virginia law requires all public and private two-and-four-year institutions of higher education to electronically transmit information about applicants accepted for enrollment at each institution to the State Police for comparison to the Virginia Criminal Information Network and National Crime Information Center Convicted Sexual Offender Registry. If the University is notified that an admitted student has committed a sex offense, the admitted student is subject to the admission being revoked.

Signature of Applicant (Required) _____

Date _____

For fastest service, fax your completed form to (804) 289-8138.

Mailing Address
 University of Richmond School of Continuing Studies
 Attn: SCS Admissions
 28 Westhampton Way, Richmond, Virginia 23173

If you are pursuing a degree at this time, please check this box and continue with PART 2 on the next page.



School of Continuing Studies

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Program of Study (Check one)

Emergency Services Management

- Bachelor of Applied Studies in Emergency Services Management (**APPLICANTS MUST INDICATE MINOR**)
 Minor (select one): Emergency Management Business Continuity Homeland Defense

Human Resource Management

- Bachelor's Degree

Information Systems

- Bachelor's Degree--Information Systems
- Bachelor's Degree-- Information Technology Management
- Certificate--Information Systems (bachelor's degree required)

Leadership Studies

- Certificate in Applied Studies in Leadership (bachelor's degree not required)

Liberal Arts

- Associate's Degree
- Bachelor's Degree
- Weekend College (Accelerated Bachelor's Degree in Interdisciplinary Studies)
 Location (select one): Danville Fredericksburg Richmond

Paralegal Studies

- Bachelor's Degree
- Certificate (bachelor's degree required)

Students who have already earned a bachelor's degree and are seeking admission to the Teacher Licensure Program should call (804) 289-8428.

Have you applied for financial aid? Yes No

Education Information

Name of High School Attended _____

Your name when attended _____

Did you graduate? Yes No If not, do you have a GED certificate? Yes No

If yes, name on certificate _____

Names of ALL Colleges Attended	Did you graduate? Degree Earned	Your Name When You Attended
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

We **must** receive official transcripts from all colleges or universities where you have **attempted** college work. Please have official transcripts mailed directly to:
 University of Richmond School of Continuing Studies
 28 Westhampton Way
 Attn: SCS Admissions
 Richmond, Virginia 23173

If you have NOT attended any colleges or universities, please request that official high school or GED transcripts be mailed to the School of Continuing Studies at the above address.

A student who is not eligible to return to another college or university may not be admitted to any SCS program, even with unclassified status, until a minimum of one semester has elapsed. Official transcripts from all institutions previously attended by such student must be filed in the Office of the Dean.