

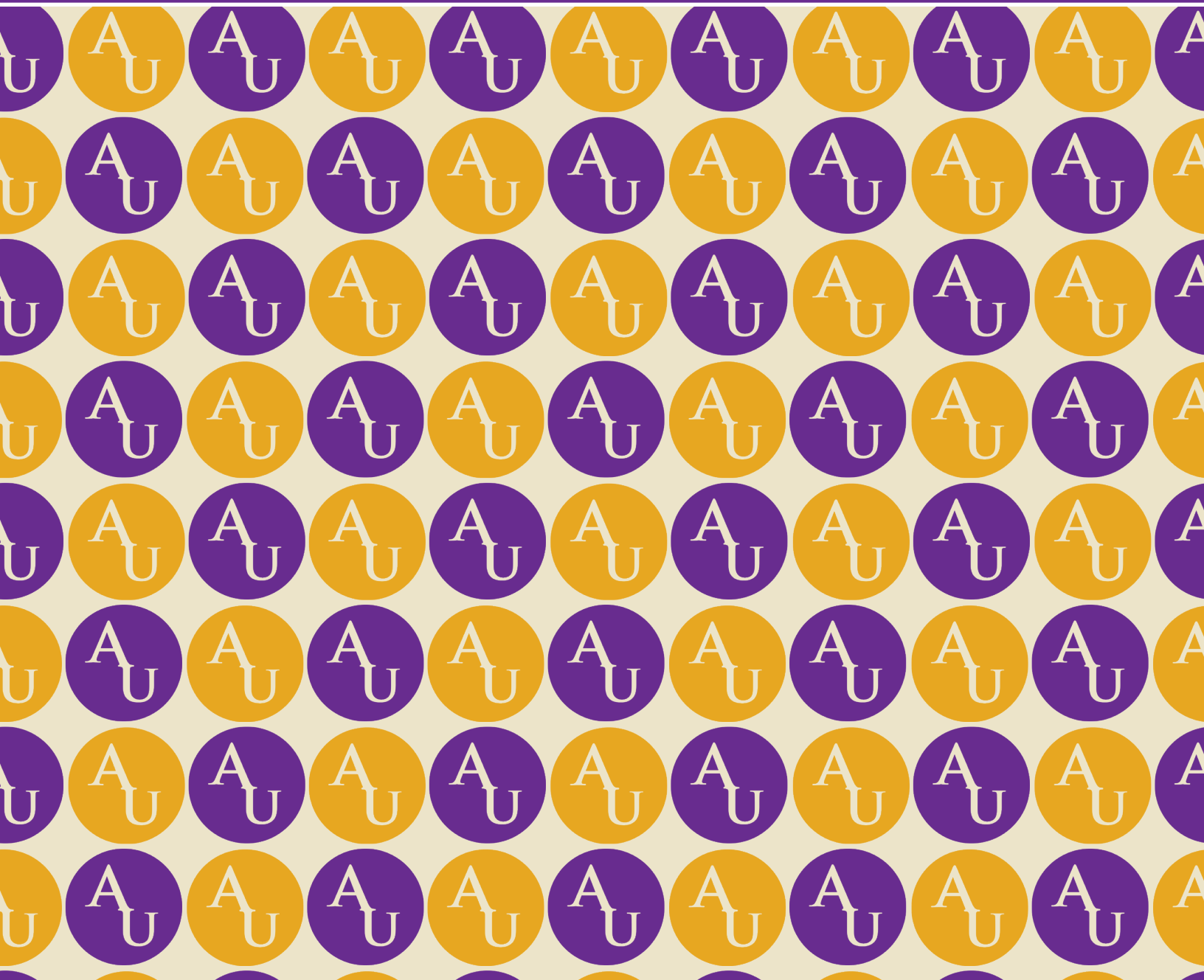


FORM  
19-18

ASHFORD UNIVERSITY

# CAMPUS ADMISSIONS APPLICATION

2012/13 ACADEMIC YEAR





PLEASE PRINT CLEARLY:

I WILL BE ATTENDING:  Full-Time  Part-Time  Commuter  Resident  Freshman  Transfer Student

START DATE:  Fall 2012  Spring 2013

# 1 PERSONAL INFORMATION

LEGAL FIRST NAME:	LEGAL MIDDLE NAME:	LEGAL LAST NAME:
MAIDEN NAME:	NICKNAME:	EMAIL ADDRESS:
HOME ADDRESS:	CITY:	STATE: ZIP: COUNTRY:
HOME PHONE: - -	GRADUATION YEAR:	SOCIAL SECURITY NUMBER:
MOBILE PHONE: - -	HIGH SCHOOL _____	□ □ □ - □ □ - □ □ □ □
ALTERNATE PHONE: - -	COLLEGE _____	

# 2 DEMOGRAPHIC INFORMATION

DATE OF BIRTH: ____/____/____	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	IS ENGLISH YOUR PRIMARY LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, what is your primary language? ).....
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not a US citizen, in which country do you have citizenship?..... If you are not a US citizen, what is your immigration status in the US? <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN If you are not a US citizen, do you need to obtain a US F-1 Student Visa to go to school? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>The answers to the following questions are for reporting purposes and not for admissions decisions. The collection and reporting of race/ethnicity and gender data on students and completers are mandatory for all institutions which receive federal financial assistance.</i>		
ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO ( please see definition ).....	Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
PLEASE IDENTIFY YOURSELF BY PLACING AN "X" NEXT TO THE CATEGORIES THAT BEST DESCRIBE YOUR ETHNIC BACKGROUND:		
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE:  <i>A person having origins in any of the original peoples of North and South America (including Central America), and/or who maintains a tribal affiliation or community attachment.</i>	<input type="checkbox"/> ASIAN:  <i>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</i>	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN:  <i>A person having origins in any of the black racial groups of Africa.</i>
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:  <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i>	<input type="checkbox"/> WHITE:  <i>A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</i>	

# 3 PAYING FOR COLLEGE

# ACT/SAT SCORES

# NON-TRADITIONAL CREDIT

<p>Please indicate your interest in the following, so that we may help you be better prepared for college.</p> <p>1. Do you plan to apply for federal financial aid? • ASHFORD'S FAFSA SCHOOL CODE IS 001881</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Are you interested in work study?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>(Average of your four test scores) DATE TAKEN: _____ ACT COMPOSITE SCORE: _____</p> <p>(Average of your four test scores) DATE TAKEN: _____ SAT COMPOSITE SCORE: _____</p>	<p>Have you completed any non-traditional credit? (for example, CLEP, AP exams, ACE, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please list: ..... ..... .....</p>
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# FAMILY INFORMATION

## FATHER/GUARDIAN

FIRST NAME:		LAST NAME:		ADDRESS:	
PRIMARY PHONE:	SECONDARY PHONE:	EMAIL ADDRESS:		EMPLOYER:	
- -	- -				
Did he attend Ashford/The Franciscan University/Mount St. Clare College?		High School Graduate?		Attended College? If yes, name of school or university	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, years of attendance .....		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No .....	

## MOTHER/GUARDIAN

FIRST NAME:		LAST NAME:		ADDRESS:	
PRIMARY PHONE:	SECONDARY PHONE:	EMAIL ADDRESS:		EMPLOYER:	
- -	- -				
Did she attend Ashford/The Franciscan University/Mount St. Clare College?		High School Graduate?		Attended College? If yes, name of school or university	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, years of attendance .....		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No .....	

## SPOUSE

FIRST NAME:		LAST NAME:		ADDRESS:	
PRIMARY PHONE:	SECONDARY PHONE:	EMAIL ADDRESS:		EMPLOYER:	
- -	- -				
Did he/she attend Ashford/The Franciscan University/Mount St. Clare College?		High School Graduate?		Attended College? If yes, name of school or university	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, years of attendance .....		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No .....	

## SIBLING INFORMATION (List oldest to youngest)

1. NAME.....YEAR IN SCHOOL.....	4. NAME.....YEAR IN SCHOOL.....
2. NAME.....YEAR IN SCHOOL.....	5. NAME.....YEAR IN SCHOOL.....
3. NAME.....YEAR IN SCHOOL.....	6. NAME.....YEAR IN SCHOOL.....

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# HIGH SCHOOL INFORMATION

Name of High School .....

High School Address .....

City.....State.....Zip.....Country.....

Degree Earned/Anticipated.....

State in which GED was earned.....Year of Graduation.....

Class Rank.....out of.....

High School Counselor's Name.....

Grade Point Average.....Grading Scale  4.0  5.0  Other.....





# UNDERGRADUATE PROGRAMS

2012/13 ACADEMIC YEAR

COLLEGE OF BUSINESS AND PROFESSIONAL STUDIES		COLLEGE OF HEALTH, HUMAN SERVICES, AND SCIENCE	
<b>BACHELOR OF ARTS</b>		<b>BACHELOR OF SCIENCE</b>	
<input type="checkbox"/>	ACCOUNTING	<input type="checkbox"/>	BIOLOGY
<input type="checkbox"/>	PROFESSIONAL ACCOUNTING PROGRAM	<input type="checkbox"/>	COMPUTER SCIENCE AND MATHEMATICS
<input type="checkbox"/>	BUSINESS ADMINISTRATION	<input type="checkbox"/>	COMPUTER SCIENCE TRACK
<input type="checkbox"/>	BUSINESS INFORMATION SYSTEMS	<input type="checkbox"/>	MATHEMATICS TRACK
<input type="checkbox"/>	BUSINESS LEADERSHIP	<input type="checkbox"/>	EDUCATION TRACK/ ENDORSEMENTS (5-12)
<input type="checkbox"/>	COMPUTER GRAPHIC DESIGN	<input type="checkbox"/>	HEALTH SCIENCE ADMINISTRATION
<input type="checkbox"/>	ANIMATION TRACK	<input type="checkbox"/>	NATURAL SCIENCE
<input type="checkbox"/>	PRINT MEDIA TRACK	<input type="checkbox"/>	BIOLOGY
<input type="checkbox"/>	WEB DESIGN TRACK	<input type="checkbox"/>	CHEMISTRY
<input type="checkbox"/>	FINANCE	<input type="checkbox"/>	CHEMISTRY WITH PHYSICS OPTION
<input type="checkbox"/>	PUBLIC RELATIONS AND MARKETING	<input type="checkbox"/>	BIO-CHEM COMBO
<input type="checkbox"/>	CORPORATE COMMUNICATIONS TRACK	<input type="checkbox"/>	GENERAL SCIENCE
<input type="checkbox"/>	MARKETING TRACK	<b>COLLEGE OF LIBERAL ARTS</b>	
<input type="checkbox"/>	SPORTS AND RECREATION MANAGEMENT	<b>BACHELOR OF ARTS</b>	
<b>COLLEGE OF EDUCATION</b>		<input type="checkbox"/>	ENGLISH AND COMMUNICATION
<b>BACHELOR OF ARTS</b>		<input type="checkbox"/>	COMMUNICATIONS TRACK
<input type="checkbox"/>	BUSINESS EDUCATION	<input type="checkbox"/>	ENGLISH/LANGUAGE ARTS TRACK
<input type="checkbox"/>	BUSINESS-ALL (5-12)	<input type="checkbox"/>	LITERATURE TRACK
<input type="checkbox"/>	ELEMENTARY EDUCATION (GRADES K-8)	<input type="checkbox"/>	ENVIRONMENTAL STUDIES
<input type="checkbox"/>	PHYSICAL EDUCATION	<input type="checkbox"/>	HISTORY
<input type="checkbox"/>	PHYSICAL EDUCATION (K-8 OR 5-12)	<input type="checkbox"/>	LIBERAL ARTS
<b>COLLEGE OF HEALTH, HUMAN SERVICES, AND SCIENCE</b>		<input type="checkbox"/>	SOCIAL AND CRIMINAL JUSTICE
<b>BACHELOR OF ARTS</b>		<input type="checkbox"/>	SOCIAL SCIENCE
<input type="checkbox"/>	HEALTH CARE ADMINISTRATION	<input type="checkbox"/>	HEALTH AND HUMAN SERVICES MANAGEMENT TRACK
<input type="checkbox"/>	NATURAL SCIENCE with endorsements in:	<input type="checkbox"/>	HISTORY TRACK
<input type="checkbox"/>	BIOLOGY (5-12)	<input type="checkbox"/>	HUMAN SERVICES TRACK
<input type="checkbox"/>	CHEMISTRY (5-12)	<input type="checkbox"/>	POLITICAL SCIENCE TRACK
<input type="checkbox"/>	GENERAL SCIENCE (5-12)	<input type="checkbox"/>	PSYCHOLOGY TRACK
<input type="checkbox"/>	PSYCHOLOGY	<input type="checkbox"/>	SOCIOLOGY TRACK
<input type="checkbox"/>	COUNSELING TRACK	<input type="checkbox"/>	EDUCATION TRACK/ENDORSEMENT (5-12)
		<input type="checkbox"/>	SOCIOLOGY
		<input type="checkbox"/>	VISUAL ART

# MINORS

*Minors may be completed in conjunction with a baccalaureate major; minors may not be completed in exactly the same area of study as a student's declared major program of study.*

VISIT US AT

[WWW.CHOOSEASHFORD.COM](http://WWW.CHOOSEASHFORD.COM)

FOR QUESTIONS, CALL US AT

800.242.4153

*For more information about on-time completion rates, the median loan debt of students who completed each program, and other important information, please visit [ashford.edu/pd](http://ashford.edu/pd).*

## TEACHING ENDORSEMENTS

### ELEMENTARY (GRADES K-8) EDUCATION TEACHING ENDORSEMENTS FOR THE STATE OF IOWA

- COACHING K-12 (AUTHORIZATION OR ENDORSEMENT)
- ENGLISH AS A SECOND LANGUAGE K-8
- ENGLISH/LANGUAGE ARTS K-8
- HISTORY K-8
- INSTRUCTIONAL STRATEGIST I (SPECIAL EDUCATION) K-8
- MATHEMATICS K-8
- MIDDLE SCHOOL 5-8
- PREKINDERGARTEN, KINDERGARTEN
- READING K-8
- SCIENCE-BASIC K-8
- SOCIAL STUDIES K-8
- TEACHER ELEMENTARY CLASSROOM K-6

### SECONDARY (GRADES 5-12) EDUCATION TEACHING ENDORSEMENTS FOR THE STATE OF IOWA

- AMERICAN HISTORY 5-12
- BIOLOGY 5-12
- BUSINESS-ALL 5-12
- CHEMISTRY 5-12
- COACHING K-12 (AUTHORIZATION OR ENDORSEMENT)
- ENGLISH AS A SECOND LANGUAGE 5-12
- ENGLISH/LANGUAGE ARTS 5-12
- GENERAL SCIENCE 5-12
- INSTRUCTIONAL STRATEGIST I (SPECIAL EDUCATION) 5-12
- MATHEMATICS 5-12
- PHYSICAL EDUCATION 5-12
- PHYSICAL EDUCATION K-8
- MIDDLE SCHOOL 5-8
- PSYCHOLOGY 5-12
- SOCIOLOGY 5-12
- WORLD HISTORY 5-12

<input type="checkbox"/> ACCOUNTING	<input type="checkbox"/> HISTORY
<input type="checkbox"/> ADVANCED SCIENCE (BS DEGREES ONLY)	<input type="checkbox"/> HUMAN RESOURCES MANAGEMENT
<input type="checkbox"/> ART THERAPY	<input type="checkbox"/> INFORMATION SYSTEMS
<input type="checkbox"/> ARTS ADMINISTRATION	<input type="checkbox"/> INTERNATIONAL MANAGEMENT
<input type="checkbox"/> BIOLOGY	<input type="checkbox"/> LIBERALARTS
<input type="checkbox"/> BUSINESS ADMINISTRATION	<input type="checkbox"/> MARKETING
<input type="checkbox"/> BUSINESS ECONOMICS	<input type="checkbox"/> MATHEMATICS
<input type="checkbox"/> CHEMISTRY	<input type="checkbox"/> MUSIC
<input type="checkbox"/> CHILD LEARNING AND DEVELOPMENT	<input type="checkbox"/> ORGANIZATIONAL MANAGEMENT
<input type="checkbox"/> COMPUTER GRAPHIC DESIGN	<input type="checkbox"/> POLITICAL SCIENCE AND GOVERNMENT
<input type="checkbox"/> COMPUTER SCIENCE	<input type="checkbox"/> PSYCHOLOGY
<input type="checkbox"/> CRIMINAL JUSTICE	<input type="checkbox"/> RELIGIOUS STUDIES
<input type="checkbox"/> E-BUSINESS	<input type="checkbox"/> SOCIAL SCIENCE
<input type="checkbox"/> ENGLISH AND COMMUNICATION	<input type="checkbox"/> SOCIOLOGY
<input type="checkbox"/> ENTREPRENEURSHIP	<input type="checkbox"/> SPORTS AND RECREATION MANAGEMENT
<input type="checkbox"/> ENVIRONMENTAL STUDIES	<input type="checkbox"/> VISUAL ART
<input type="checkbox"/> FINANCE	
<input type="checkbox"/> HEALTH CARE ADMINISTRATION	

# 9 CRIMINAL AND DISCIPLINARY HISTORY

1. HAVE YOU EVER BEEN CONVICTED FOR ANY FELONY IN ANY STATE OR COUNTRY (UNLESS EXPUNGED)?

YES  NO If yes, please explain:.....

2. HAVE YOU EVER BEEN CONVICTED FOR BEHAVIOR INVOLVING VIOLENCE IN ANY STATE OR COUNTRY (UNLESS EXPUNGED)?

YES  NO If yes, please explain:.....

3. HAVE YOU EVER BEEN CONVICTED FOR ANY BEHAVIOR INVOLVING HARM TO OTHERS? (E.G. STALKING, DOMESTIC VIOLENCE, ASSAULTS, ETC.) IN ANY STATE OR COUNTRY (UNLESS EXPUNGED)?

YES  NO If yes, please explain:.....

4. HAVE YOU EVER BEEN SUSPENDED, DISMISSED, OR EXPELLED FROM ANY COLLEGE OR UNIVERSITY?

YES  NO If yes, please explain:.....

5. ARE YOU FACING CURRENT DISCIPLINARY CHARGES AT ANY COLLEGE OR UNIVERSITY?

YES  NO If yes, please explain:.....

Other (explain):.....

# 10 APPLICATION CHECKLIST

# IMPORTANT DATES

COMPLETED AND SIGNED APPLICATION

OFFICIAL COPY OF HIGH SCHOOL TRANSCRIPTS SENT TO ASHFORD UNIVERSITY DIRECTLY FROM HIGH SCHOOL

OFFICIAL ACT (CODE: 1342) OR SAT (CODE: 6418) SCORES SENT DIRECTLY FROM THE TESTING SERVICE OR FROM AN OFFICIAL HIGH SCHOOL TRANSCRIPT

TRANSCRIPT REQUEST FORM

EARLY ADMISSION DEADLINE DATE:  
**FEBRUARY 1, 2012**

WAITLIST DATE:  
**FEBRUARY 1, 2012**

FINAL DATE TO APPLY:  
**AUGUST 1, 2012**

**WHERE DO YOU PLAN TO LIVE?**

- On-campus residence hall
- Living with parent(s) or guardian(s)
- Off-campus (if eligible)

# 11 ADMISSION NOTIFICATION AND APPLICATION STATUS

PLEASE SEND THE COMPLETED APPLICATION, TRANSCRIPT, TEST SCORES, AND OTHER SUPPORTING MATERIALS TO:

**Office of Admissions  
Ashford University  
400 N. Bluff Blvd.  
Clinton, IA 52732**

YOU MAY CHECK ON THE STATUS OF YOUR APPLICATION AND SEE IF ANY REQUIRED MATERIALS ARE MISSING BY CONTACTING THE ADMISSIONS OFFICE AT 800.242.4153 EXT. 7383.

# 12 SIGNATURE

I certify that the information contained in this application is true, complete and accurate. I understand that submission of false, inaccurate or incomplete information may result in permanent termination of my application and/or enrollment at Ashford University.

Applicant Signature ..... Date .....

# SUPPLEMENTAL QUESTIONS FOR MILITARY SERVICE MEMBERS AND SPOUSES

Due to your association with the military, you may be eligible to receive book benefits and/or an Ashford University US Active Duty/Veterans Military Tuition Grant. Eligible students are asked to submit a valid Military ID card for verification of eligibility. Your receipt of book benefits and/or the Ashford University US Active Duty/Veterans Military Tuition Grant is contingent on your submission of the appropriate military documentation to verify your eligibility. To maintain eligibility for the grant you must remain continuously enrolled or on an approved break in your program of study. If you withdraw from your program and resume your program at a later date, you will be required to re-verify your eligibility for book benefits and/or the Ashford University US Active Duty/Veterans Military Tuition Grant.

**PLEASE CHECK YOUR CURRENT US MILITARY STATUS:**

- |   |  |
|---|--|
| <input type="checkbox"/> NONE           | <input type="checkbox"/> SPOUSE OF ACTIVE DUTY/<br>NATIONAL GUARD/RESERVES |
| <input type="checkbox"/> ACTIVE DUTY    | <input type="checkbox"/> DEPARTMENT OF DEFENSE EMPLOYEE                    |
| <input type="checkbox"/> NATIONAL GUARD | <input type="checkbox"/> DEPENDENT (UTILIZING VA EDUCATION BENEFITS)       |
| <input type="checkbox"/> RESERVES       |  |

Please select all of the branches with which you have ever been associated. Spouses and DOD employees should only choose the branch associated with their DOD or spouse's status.

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> ARMY   | <input type="checkbox"/> AIR FORCE   |
| <input type="checkbox"/> MARINE | <input type="checkbox"/> COAST GUARD |
| <input type="checkbox"/> NAVY   |                                      |

BASE:

STATE:

Were you previously admitted to Ashford University, Bridgepoint Education, Mount St. Clare College, and/or the Franciscan University of the Prairies within the past eight (8) years, but you did not enroll?

- YES  
 NO

If yes, were you unable to enroll at the University due to active duty, national guard, or reserve service under federal authority? (Service must have been for more than 30 consecutive days.)

- YES  
 NO  
 N/A

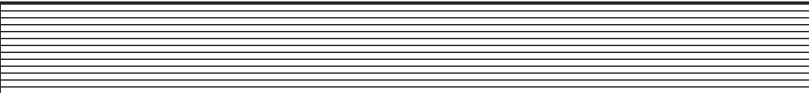
Have you attended Ashford University, Bridgepoint Education, Mount St. Clare College, and/or the Franciscan University of the Prairies within the past eight (8) years?

- YES  
 NO

If yes, was your departure from the University due to active duty, national guard, or reserve service under federal authority? (Service must have been for more than 30 consecutive days.)

- YES  
 NO  
 N/A

# NOTES



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# TRANSCRIPT REQUEST FORM 1

PLEASE FILL OUT FORM COMPLETELY TO ENSURE PROMPT FULFILLMENT OF THE REQUEST.

SEND COMPLETE & OFFICIAL COPY TRANSCRIPT TO:  
ASHFORD UNIVERSITY, REGISTRAR'S OFFICE,  
400 N. BLUFF BLVD., CLINTON, IA 52732  
PH: 800 242.4153 ext. 7734

TO .....  
(NAME OF HIGH SCHOOL/COLLEGE)

NAME ATTENDED UNDER .....

REGISTRAR'S OFFICE .....

ADDRESS .....

CITY ..... STATE ..... ZIP .....

IF THERE IS A CHARGE, PLEASE BILL ASHFORD UNIVERSITY.

FROM .....  
(LAST NAME) (FIRST NAME) (MIDDLE/MAIDEN)

.....  
(ADDRESS) (CITY) (STATE) (ZIP)

SOCIAL SECURITY N<sup>o</sup> .....

DATES ATTENDED .....

.....  
(STUDENT SIGNATURE) (DATE)

# TRANSCRIPT REQUEST FORM 2

PLEASE FILL OUT FORM COMPLETELY TO ENSURE PROMPT FULFILLMENT OF THE REQUEST.

SEND COMPLETE & OFFICIAL COPY TRANSCRIPT TO:  
ASHFORD UNIVERSITY, REGISTRAR'S OFFICE,  
400 N. BLUFF BLVD., CLINTON, IA 52732  
PH: 800 242.4153 ext. 7734

TO .....  
(NAME OF HIGH SCHOOL/COLLEGE)

NAME ATTENDED UNDER .....

REGISTRAR'S OFFICE .....

ADDRESS .....

CITY ..... STATE ..... ZIP .....

IF THERE IS A CHARGE, PLEASE BILL ASHFORD UNIVERSITY.

FROM .....  
(LAST NAME) (FIRST NAME) (MIDDLE/MAIDEN)

.....  
(ADDRESS) (CITY) (STATE) (ZIP)

SOCIAL SECURITY N<sup>o</sup> .....

DATES ATTENDED .....

.....  
(STUDENT SIGNATURE) (DATE)

# TRANSCRIPT REQUEST FORM 3

PLEASE FILL OUT FORM COMPLETELY TO ENSURE PROMPT FULFILLMENT OF THE REQUEST.

SEND COMPLETE & OFFICIAL COPY TRANSCRIPT TO:  
ASHFORD UNIVERSITY, REGISTRAR'S OFFICE,  
400 N. BLUFF BLVD., CLINTON, IA 52732  
PH: 800 242.4153 ext. 7734

TO .....  
(NAME OF HIGH SCHOOL/COLLEGE)

NAME ATTENDED UNDER .....T

REGISTRAR'S OFFICE .....

ADDRESS .....

CITY ..... STATE ..... ZIP .....

IF THERE IS A CHARGE, PLEASE BILL ASHFORD UNIVERSITY.

FROM .....  
(LAST NAME) (FIRST NAME) (MIDDLE/MAIDEN)

.....  
(ADDRESS) (CITY) (STATE) (ZIP)

SOCIAL SECURITY N<sup>o</sup> .....

DATES ATTENDED .....

.....  
(STUDENT SIGNATURE) (DATE)

ASHFORD  
UNIVERSITY<sup>®</sup>  
FOUNDED 1918

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400 North Bluff Blvd., Clinton, Iowa 52732