

VINCENNES UNIVERSITY Admission Application

VU Office Use Only

Date rec. _____

App. fee rec. _____

Questions? Call Vincennes University's Admissions Office, 1-800-742-9198

Term <input type="checkbox"/> Fall (August) <input type="checkbox"/> Spring (January) Year _____	Which campus or site will you attend? <input type="checkbox"/> Vincennes Campus <input type="checkbox"/> Jasper Campus <input type="checkbox"/> Aviation Technology Center (Indianapolis) <input type="checkbox"/> American Sign Language (Indianapolis) <input type="checkbox"/> Gibson County Center (Fort Branch)
Status <input type="checkbox"/> New Student <input type="checkbox"/> Transfer Student <input type="checkbox"/> Re-apply	

Identification Information (Please print legibly. Incomplete items may delay our response.)

Last Name	First Name	Middle Name	Social Security Number*
-----------	------------	-------------	-------------------------

* Social Security number is required if you are a U.S. citizen who intends to apply for financial aid or tuition tax credit.

Street Address	Email	Birth Date	Former Name (if applicable)	
City	County	State	Zip Code	Telephone () _____
U.S. Citizen** <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a Permanent Resident?*** <input type="checkbox"/> Yes <input type="checkbox"/> No	Current DACA or TPS form proving citizenship?*** <input type="checkbox"/> Yes <input type="checkbox"/> No		

Indiana law states that an individual who is unlawfully in the United States is not eligible for in-state tuition. Vincennes University uses the U.S. Citizenship question as a component in determining residency for tuition purposes. *Documentation must be provided to the VU Admissions Office.

Have you ever been charged and/or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answer "Yes": Complete and submit to VU Admissions the felony explanation form available at www.vinu.edu/background .
Have you ever been dismissed from any college, including VU? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answer "Yes": Complete and submit to VU Admissions the college dismissed/suspended/expelled explanation form available at www.vinu.edu/background .

Emergency Contact

Please note: Your academic information may be released to any individual listed as a primary or secondary contact.

PRIMARY CONTACT

Last Name	First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Other	Telephone	
Street Address	Email		Home () _____	
City	County	State	Zip Code	Cell () _____

Past Education

Complete Name of High School or GED/TASC Site			
City	County	State	Graduation/GED/TASC Completion (month & year)

College Credit Earned

List the name of each college and years attended (include VU, high school, other colleges - please do not abbreviate). To have credits transferred to VU, have each institution mail an **official** copy of your final transcript to the **VU Registrar**.

Name of College/University	City & State	Start Date (month & year)	End Date (month & year)

MILITARY SERVICE	Branch	Installation	Rank & MOS/Rating
-------------------------	--------	--------------	-------------------

Intended Major (You must indicate one major.)

<i>Please refer to the attached list of majors and corresponding code numbers. Use code 2950, General Studies, Undecided-Exploring if you are unsure of your major.</i>	____ Major Code	____ Major Name
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------	-----------------

Authorization & Certification

I certify that all of the information provided is correct and I understand that any omission or falsification is cause for immediate cancellation of acceptance or registration at Vincennes University. I also grant authority to Vincennes University to request relevant admission documents on my behalf, including high school and college transcripts and immunization records.

Applicant's signature _____ Date _____

Vincennes University complies with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to sex, religion, handicap, age, national origin, or status as a disabled veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, Vincennes University/WAB, 1002 N. First St., Vincennes IN 47591; telephone 812-888-5848.

Please submit completed **APPLICATION**, \$20 application fee, and all appropriate transcripts to:**Office of Admissions • 1002 N. First Street • Vincennes IN 47591**Fax 812.888.5707 • vuadmit@vinu.edu*In most cases, an admissions decision will be sent within 3 to 4 weeks.*

Scholarship Application

Most scholarships require two letters of recommendation. These can be sent in separately.

The following information is collected to better evaluate your needs and process your application appropriately.

Are you a dependent of a VU Alumni? **Y or N** Name (s) and Attendance Years _____

Please check the Diploma Type that applies to you.

- General Diploma Core 40 GED/TASC Indiana Academic Honors Indiana Technical Honors Other

Please check all statements that apply to you.

- I am a registered 21st Century Scholar.
 I am a veteran.
 I am involved in a Trio Program at my high school.
 I took VU classes while in high school.
 I am a Jobs for America's Graduates (JAG) participant.

Combined Income of parent(s) you reside with or your income (including spouse) if you are 24 or older or classified as independent on your FAFSA.

- Less than \$25,000
 \$25,001-\$50,000
 \$50,001-\$75,000
 \$75,001-\$100,000
 \$100,001-\$125,000
 More than \$125,000

Number of family members in your household (# of people living with you that are related to you-including yourself):

- 1 2 3 4 5 6 7 8 More than 8

Provide information regarding **above ordinary** expenses or financial circumstances that present a financial challenge in regards to paying for your education.

Optional

<p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>What is your ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>	<p>What is your race? (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p>
-------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

***Please check one, if it applies to you.**

- I am applying as a USI One Application Two Universities student.
 I am applying as an ISU Bridgeback student.
 I am applying as a Ball State Connect student.
 *By checking one of these items, you give VU permission to provide pertinent information to the indicated school.

Please check the ONE statement that BEST describes your educational goals.

- I plan to earn an associate degree and directly enter the workforce.
 *I plan to earn an associate degree and then transfer to a 4-year college.
 *I plan to transfer to a 4-year college after 1 year at VU.
 *I plan to transfer to a 4-year college after 2 years at VU, but without earning an associate degree.
 I plan to earn a 1-year certificate.
 I already have an associate degree. I plan to complete a second degree at VU.
 I plan to complete a 4-year degree at VU.

*Please indicate the college you plan to transfer to after attending Vincennes University: _____

SECONDARY CONTACT

Last Name	First Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Telephone Home () _____ Cell () _____
Street Address		Email		
City	County	State	Zip Code	