

# APPLICATION FOR ADMISSION

Mail to:  
WALSH UNIVERSITY  
OFFICE OF ADMISSIONS  
2020 EASTON ST. N.W.  
NORTH CANTON, OHIO 44720-3396

<b>For Office Use Only</b>	
<input type="checkbox"/>	Accepted
<input type="checkbox"/>	Not Accepted
Date	_____
Staff	_____

Please type or print

NAME \_\_\_\_\_  
LAST (Mr., Miss, Ms.) FIRST INITIAL/MAIDEN

ADDRESS \_\_\_\_\_  
STREET

CITY COUNTY STATE ZIP

TELEPHONE ( ) DATE OF BIRTH  
AREA CODE MONTH DAY YEAR

COUNTRY OF CITIZENSHIP RELIGIOUS PREFERENCE RACE  
(OPTIONAL) (OPTIONAL)

SOCIAL SECURITY NUMBER \_\_\_\_\_

Circle one item in each set: Male /Female Single/Married  
Will live in Residence Hall/Commute Freshman/Transfer

List any physical handicaps or learning disabilities of which Walsh University should be aware: \_\_\_\_\_

## ENROLLMENT PLANS: Check ✓ appropriate items.

I plan to be a  PART-TIME  FULL-TIME student. I will be applying for FINANCIAL AID.  Yes  No

I plan to enroll for the  FALL  SPRING  SUMMER of \_\_\_\_\_

I intend to major in \_\_\_\_\_  Undecided

I plan to participate in the following varsity sport(s) \_\_\_\_\_

Were you recruited by a coach?  Yes  No

## COLLEGE ENTRANCE INFORMATION:

HIGH SCHOOL \_\_\_\_\_ HIGH SCHOOL CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

GRADUATION DATE \_\_\_\_\_ HIGH SCHOOL TELEPHONE NUMBER ( )  
AREA CODE

NAME OF YOUR HIGH SCHOOL GUIDANCE COUNSELOR \_\_\_\_\_

Have you taken?  ACT \_\_\_\_\_ DATE  SAT \_\_\_\_\_ DATE

Have your scores been sent to Walsh?  Yes  No  
WALSH SAT NUMBER: 1926  
WALSH ACT NUMBER: 3349

## TRANSFER INFORMATION:

If you have attended any other college or educational institution after high school, please list the institution's name(s) and address(es) and the dates you attended.

SCHOOL CITY & STATE DATES ATTENDED

SCHOOL CITY & STATE DATES ATTENDED

Degree or Diploma Obtained \_\_\_\_\_ Date Obtained \_\_\_\_\_

(OVER)

(Detach and Return — Use Attached Envelope to Return Your Application)

# FAMILY INFORMATION:

## FATHER

Name \_\_\_\_\_  
FIRST LAST

Age \_\_\_\_\_ Living/Deceased \_\_\_\_\_

Employed by \_\_\_\_\_

Position \_\_\_\_\_

Graduate of Walsh?  Yes  No Year \_\_\_\_\_

Number of children in family: older than applicant \_\_\_\_\_; younger than applicant \_\_\_\_\_

## MOTHER

Name \_\_\_\_\_  
FIRST LAST

Age \_\_\_\_\_ Living/Deceased \_\_\_\_\_

Employed by \_\_\_\_\_

Position \_\_\_\_\_

Graduate of Walsh?  Yes  No Year \_\_\_\_\_

## SPOUSE

Name \_\_\_\_\_

Age \_\_\_\_\_ Living/Deceased \_\_\_\_\_

Number of Children in Family \_\_\_\_\_

## APPLICANT'S EMPLOYMENT

Present Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Time Employed \_\_\_\_\_  
YEARS MONTHS

CERTIFICATION (By Applicant): I hereby certify that the above information is true and that if admitted, I agree to be governed by the regulations, policies, procedures and academic standards of Walsh University as stated in the University Bulletin and Handbook applicable during the period of my enrollment.

STATEMENT OF PARENT OR GUARDIAN OF APPLICANT (required of unmarried applicants under 18 years of age). As the parent or guardian of the applicant, I support the application and endorse the above certification.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

<p><b>ALL APPLICATIONS FOR ADMISSION MUST BE ACCOMPANIED BY A \$15 APPLICATION FEE, PAYABLE TO WALSH UNIVERSITY. THE FEE IS NON-REFUNDABLE.</b></p>	<p><b>YOU ALSO MUST SEND TRANSCRIPTS, ACT AND/OR SAT SCORES (if applicable).</b></p>
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## APPLICANT SURVEY

Completion of this section is optional and will not affect our decision about accepting you. This information will help us to improve our admissions process and to make our programs more responsive.

- Please list all colleges to which you are applying (including Walsh University) in the order of your preference.
  - 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
  - 4) \_\_\_\_\_ 5) \_\_\_\_\_
- How did you first learn about Walsh University? \_\_\_\_\_  
 \_\_\_\_\_