Application for Undergraduate Admission

Must include $20 non-refundable application fee (check or money order) NO CASH

Please type or print in ink

(Check One): [ ] Mr. [ ] Mrs. [ ] Miss [ ] Ms. Temporary Reference number: ____________________ From initial inquiry and follow-up letters

Applicant’s Full Name: ___________________________ ___________________________ ___________________________ ___________________________

First                Middle               Last (Surname)               Maiden

Mailing Address: ____________________________________________________________

Street name and number or Post Office Box number               Apt#

City: ___________________________ State: _______ Postal (Zip) Code: ___________ Country: ___________

Permanent Address: __________________________________________________________

A physical street address is required for shipping packages. Courier service will not deliver to a post office box.               Apt#


Home Phone: ___________________________ Home Fax: ___________________________

Work Phone: ___________________________ Work Fax: ___________________________

Cell/Mobile Phone: _________________ Email Address: _________________

Social Security Number: ___________________________ Date of Birth: _______________ Sex: [ ] M [ ] F

YY / MM / DD

Country of Citizenship: ___________________________ County of Residence: ___________________________

State of legal residence: ___________________________________________ What is your native language: ___________________________

Non-U.S. citizen only. Include photocopy of both sides of Permanent resident Card with this application.

[ ] I have an immigrant visa. Date issued: _______________ A# _______________ [ ] I currently have a _______________ visa.

Have you ever taken an English language test? [ ] Yes [ ] No If yes, please indicate which test:

[ ] TOEFL (date: _______________ ) [ ] TWE (date: _______________ ) [ ] MELAB (date: _______________ )

Please indicate the semester and year you expect to begin Ratchford University Online?

[ ] Fall 20_______________ [ ] Winter 20_______________ [ ] Spring / Summer 20_______________

Race (Check one box only.) Note: Even if you are multiracial, please answer this question by indicating either the race you identify with most or the race with which you are usually associated in the community.

A. [ ] Hispanic D. [ ] White (non-Hispanic)
B. [ ] Asian or Pacific Islander (API) E. [ ] Black (non-Hispanic)
C. [ ] American Indian, Eskimo, or Aleut (AIEA)

Are you Multiracial? [ ] Yes [ ] No For purposes of this question, you are multiracial if you have parents from more than one of the broad race categories listed above, or if your parents regard themselves as being multiracial.

Please attach $20 check or money order here. Application fee must accompany application.
### Educational History

<table>
<thead>
<tr>
<th>Name &amp; Address of Schools Attended</th>
<th>Dates Attended</th>
<th>Qualifications Earned</th>
<th>Grade Point Average</th>
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### Test Scores (Check tests taken and indicate scores)

- [ ] TOFEL: __________
- [ ] SAT: __________
- [ ] ACT: __________
- [ ] GRE: __________
- [ ] GMAT: __________

### Work Experience

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<tr>
<th>Employer’s Name &amp; Address</th>
<th>Position Title</th>
<th>Period Employed</th>
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### High School

To Be Completed By the High School (Current High School Students Only)

Please complete the section below. Include an official transcript when submitting application and application fee.

- [ ] Student has taken the ACT or SAT exam. Composite Score: __________ Date of Exam: __________

- [ ] Student has not yet taken the ACT or SAT exam. Date student will take the exam: __________

  Student’s cumulative GPA: __________

  Student’s rank __________ in a class of __________

High School official’s signature __________________________ Title __________________________

High School __________________________ ACT / ETS High School Code __________________________

City __________________________ Phone (______) ___________ State __________ Zip __________________________
Tuition Payment Information

- [ ] Cash
- [ ] Check
- [ ] Credit Card
- [ ] Money Order
- [ ] Electronic Transfer

Credit Card (Check One):
- [ ] Visa
- [ ] Master Card
- [ ] American Express

Credit Card Number: __________ __________ __________ __________
Expiration Date: Day ___ Year ___

Credit Card charge authorization for: [ ] Application Fee

Authorized Signature: ___________________________ Date: ____________

Agreement of Terms

I hereby declare that I have read and understand the University Catalog and I agree to abide by the University's rules and regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false information may result in immediate dismissal and forfeiture of financial payments and academic credits.

Signature of applicant: ___________________________ Date: ____________

Additional Information

List any additional achievements, capabilities, skills, professional experience or educational goals that will further illustrate your suitability for admission to the program for which you are applying.

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Do not write in the space below

For University Use Only

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