

# Undergraduate Application: Change to Degree-Seeking

## Contact Information

1. Expected enrollment year 20 \_\_\_\_\_  Fall (August)  Spring (January)  Summer 2\* (June)  
\*Please indicate if planning to continue into Fall term:  Yes  No

2. Social security number \_\_\_\_\_

3. Cedarville ID# (if known) \_\_\_\_\_

4. Legal name \_\_\_\_\_  
Last First Middle

5. Preferred name \_\_\_\_\_

6. E-mail address \_\_\_\_\_

7. What former name(s) might appear on your records? \_\_\_\_\_

8. Gender  Male  Female

9. Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr.

10. Permanent address \_\_\_\_\_  
Street Address PO Box

\_\_\_\_\_ City State Zip Country (if not USA)

11. Home phone (\_\_\_\_\_) \_\_\_\_\_

12. Cell phone (\_\_\_\_\_) \_\_\_\_\_

13. Other phone (\_\_\_\_\_) \_\_\_\_\_  work  fax

If you are currently not residing at your permanent address, please give the address and phone number where you may be reached regarding your application along with start and end dates.

14. Present/Temporary address \_\_\_\_\_  
Street Address PO Box

\_\_\_\_\_ City State Zip Country (if not USA)

15. Temporary phone (\_\_\_\_\_) \_\_\_\_\_ Valid from \_\_\_\_\_ to \_\_\_\_\_  
date date

## Application Information

16. I plan to enroll  Full-time  Part-time (fewer than 12 semester credits)

17. I will enter as a  Freshman  Transfer

18. Last term/year you attended Cedarville \_\_\_\_\_

19. Do you plan to graduate from Cedarville?  Yes  No

20. Housing plans while attending  Residence Hall  Commute\*

\*Students under 23 and single must receive approval from the student life deans' office to live off campus, unless living with their parents.

21. Major/Minor \_\_\_\_\_

For Office Use Only: Please do not write in this space.

COTX  CLRC  HSTX  FHTX  
 ACT  COTX  CCRC  HSRC  
 Document Imaged  SAT I  Tracked  Linked  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Applicant ID \_\_\_\_\_  
\_\_\_\_\_  
Decision \_\_\_\_\_

## Applicant Information

22. Marital status  Single  Married  Other: \_\_\_\_\_

23. Place of birth \_\_\_\_\_  
City State Country (if not USA)

24. Are you a United States citizen?  Yes  No

25. If you are a United States citizen, are you a current Ohio resident?  Yes  No

26. If you are not a United States citizen, check the type of your current visa status:

Student  Permanent resident  No visa  Other: \_\_\_\_\_  
Type of Visa

Country of citizenship \_\_\_\_\_ of residency \_\_\_\_\_

27. Have you ever been convicted of a felony?  No  Yes (If yes, please include an explanation with this application.)

28. Church you currently attend \_\_\_\_\_ Denomination \_\_\_\_\_

Church address \_\_\_\_\_  
Street Address PO Box

\_\_\_\_\_ City State Zip Country (if not USA)

Pastor's name \_\_\_\_\_ Preferred phone (\_\_\_\_\_) \_\_\_\_\_

29. Describe your church attendance:  Weekly (1-2 times per week)  Occasionally\* (less than once per week)

\*Please explain: \_\_\_\_\_

30. Who will complete your church leader recommendation\*\*? \_\_\_\_\_

Note: Recommender must have known you for at least six months and must not be related to you.

\*\*If not from church listed above, please explain why \_\_\_\_\_

31. Since your last application, please provide the names of any colleges you have attended \_\_\_\_\_

32. Please give the date(s) you **have taken** the ACT and/or the SAT:

ACT \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_ SAT \_\_\_\_\_  
Month/Year Month/Year Month/Year Month/Year

ACT \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_ SAT \_\_\_\_\_  
Month/Year Month/Year Month/Year Month/Year

**International students:** Applicants from countries where English is not a native language must report a TOEFL score as part of the application. Please indicate the date(s) you have taken the TOEFL or will take the TOEFL:

TOEFL **was** taken \_\_\_\_\_ TOEFL **will be** taken \_\_\_\_\_  
Month/Year Month/Year

## Personal History

Please list high school activities, honors, recognitions, and accomplishments on a separate page. You may also want to include any influences that may have had a negative impact on your credentials.

I understand and am in agreement with the Cedarville University Community Covenant, and I agree to conform to the standards of conduct while attending Cedarville University. I indicate by my signature that the information I have provided in this application for admission is complete and accurate. I understand that incomplete and/or inaccurate information will invalidate my application.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_