ADMISSION APPLICATION

PREFIX:  □  Mr. □  Mrs. □  Ms. □  Miss

LEGAL NAME: Last ____________________________________________ First_________________________ Middle ___________

SUFFIX: (Jr., III, etc.) ______________

GENDER:  □  Male  □  Female

SOCIAL SECURITY NO: ____________________________

PREFERRED FIRST NAME: _____________________________________________________________________________________

FORMER NAME(S) USED, IF ANY:

Last ____________________________________________ First_____________ ___________________________ Middle __________

BIRTHDATE: ____________/_________/___________

MARITAL STATUS: ___________________________________________________________

HOME ADDRESS:

(Number, street and apartment number if applicable)

City _____________________________________________________State __________________________ Zip __________ + ______

Day Telephone: (________) _____________________________________________________________________________________

Cell: (________)_______________________________________________________________________________________________

Email address: _________________________________________________________________________________________________

CITIZENSHIP:  □  U.S. Citizen  □  U.S./Dual Citizen  □  U.S. Permanent Resident  □  Other Citizenship

(Please specify below)

Country: ____________________________ Visa Type: ____________________________ When did you enter the U.S.? _____/____/______

EDUCATION

HIGH SCHOOL: List the high school you are currently attending or from which you graduated.

High School Name: ___________________________________________________ Year of Graduation: __________________________

City: ____________________________________________ State: __________________________

COLLEGE: List all colleges or post-secondary schools attended, beginning with the most recent. Include colleges, institutions, and universities in all countries, including work in progress. One official transcript must be issued by the Registrar of each institution attended and provided to the Office of Student Administration. Transcripts from foreign institutions must be translated and evaluated. For additional information please contact the Office of Student Administration.

UNDERGRADUTAE COLLEGE (S)  G.P.A  DEGREE, YEAR AWARDED  MAJOR

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

POST-BACCALAURETTE COLLEGE (S) G.P.A.  DEGREE, YEAR AWARDED  MAJOR

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

OFFICE USE ONLY:

$35 Application Fee

☐  Check _______

☐  MO _________

Staff Initials ___________

Date Received _________
PROGRAM CHOICE AND START TERM

Please indicate the choice of program and term and year.

ASSOCIATE OF SCIENCE DEGREE (AS):

- Radiography
- Health Information Technology
- Alcohol and Other Drug Studies
- Pharmacy Technology

Preferred Start Term: Year: 20______  ☐ Fall  ☐ Spring  ☐ Summer

BACHELOR OF SCIENCE DEGREE (BS):

- Biomedical Science (Medical Research)
- Pre-Healing Arts
- Nuclear Medicine Technology
- Diagnostic Medical Sonography

Preferred Start Term: Year: 20______  ☐ Fall  ☐ Spring  ☐ Summer

CERTIFICATE PROGRAM:

- Clinical Coding Specialist
- Substance Abuse Counseling
- Nuclear Medicine Technology
- Diagnostic Medical Sonography
- Post-Baccalaureate: Pre-Medicine

Preferred Start Term: Year 20______  ☐ Fall  ☐ Spring  ☐ Summer

EXAMINATIONS

FOR HIGH SCHOOL APPLICANTS:

SAT 1  Date(s) taken or to be taken: __________  Highest Critical Reading Score: __________
       Highest Math Score: __________
       Highest Writing Score: __________

ACT 1  Date(s) taken or to be taken: __________  Highest Composite Score: __________
       Highest Math Score: __________
       Highest English Score: __________
       Highest Science Score: __________
       Highest Reading Score: __________

AP Exams taken?  ☐ YES  ☐ NO  If yes, subjects and score: ____________________________

FOR GRADUATE APPLICANTS:

GRE  Date(s) taken or to be taken: __________  Highest Quantitative Reasoning Score:
       Highest Verbal Reasoning Score:
       Highest Analytical Writing Score:
FOR INTERNATIONAL APPLICANTS ONLY

Test of English as a Foreign Language (TOEFL)

TOEFL Written Test Date: _____/_____/______ Score: __________________________

TOEFL Computer Test Date: ____/_____/_______  Score: __________________________

ADDITIONAL INFORMATION

Will you apply for financial aid?  ☐ YES  ☐ NO

Will you apply for housing?  ☐ YES  ☐ NO

Have you ever been convicted as an adult of a felony, or misdemeanor?  ☐ YES  ☐ NO

If you answered yes, please explain the circumstances of the conviction on a separate piece of paper. Include information of the following: the specific crime, date of conviction, city, and state of occurrence, court of conviction and any other relevant facts.

OPTIONAL INFORMATION

If you wish to identify with a particular ethnic group, please check one of the following:

☐ Mexican, Mexican-American, Chicano  ☐ Asian: Indian

☐ Central American  ☐ Asian: Chinese

☐ South American  ☐ Asian: Japanese

☐ Hispanic: Other  ☐ Asian: Korean

☐ Black or African American  ☐ Asian: Laotian

☐ American Indian/Alaskan Natives  ☐ Asian: Cambodian

☐ Pacific Islander: Samoan  ☐ Asian: Vietnamese

☐ Pacific Islander: Guamanian  ☐ White or Caucasian

☐ Pacific Islander: Hawaiian  ☐ Filipino

☐ Pacific Islander: Other __________________________  ☐ Multi-ethnic

☐ Other: ________________________________________
How did you hear about Charles Drew University programs? Check up to three choices.

- Recruitment information at high school site
- Internet search, CDU website
- CDU Alumni
- Campus Visit
- Brochure/Poster
- Employer __________________________

Who or what influenced you to apply to Charles Drew University? Check up to three choices.

- CDU Alumni
- Current CDU student
- Friend/Colleague
- Convenience, close to job or home

Charles Drew University of Medicine and Science does not discriminate on the basis of race, creed, ethnicity, color, sex, religion, national origin, veteran’s status, marital status, sexual orientation, mental or physical disabilities, or age in any of its policies, practices, or procedures. Official admission to Charles Drew University of Medicine and Science may be granted only after all application and admission materials have been received, minimum standards met and application approved for official admission.

ALL APPLICANTS MUST SIGN AND DATE THE FOLLOWING:

I certify that the information I have provided on this application is complete and accurate. I understand that falsification, misrepresentation, or omission of information on this application and/or my credentials may result in denial or revocation of admission and if enrolled, will result in disciplinary action including dismissal from Charles Drew University of Medicine and Science.

Signature: _____________________________________________ Date: __________________________