



HOLY APOSTLES COLLEGE

APPLICATION FOR ADMISSION

Office of the Registrar, 33 Prospect Hill Road, Cromwell, CT 06416
(860) 632-3033 registrar@holypostles.edu

APPLICATION FOR ADMISSION

CONTACT INFORMATION

Title: _____ (Mr., Miss, etc.)

Name: _____
(First) (Middle) (Last)

Mailing address: _____
(Street name and number, or postal box)

(City) (State) (ZIP + 4)

State of Residence: _____ Country (or U.S. county): _____

Telephone: _____ E-mail _____

BIOGRAPHICAL INFORMATION

Gender: Male Female

Date of birth: _____ Social Security number _____

Check one box below:

- I am a United States citizen
- I am a permanent resident alien of the United States
- I am an international student on a student visa
- I am an international student on another type of visa

The following section is meant to assist Holy Apostles College in meeting federal and state requirements regarding annual reports on the student body. This information is completely voluntary and will be kept confidential. This information will not be used for any type of discrimination; Holy Apostles College is an Affirmative Action/Equal Opportunity institution.

- | | |
|--|--|
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> I choose not to respond |

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BIOGRAPHICAL INFORMATION (CONTINUED)

Are you a veteran?

Yes No

If you answered "yes," do you expect to receive Veteran's benefits?

Yes No

Do you have any handicaps that Holy Apostles College should be aware of? Yes No

If you answered "yes," please describe those handicaps

Please describe any special requirements related to your handicap that you may need the college to meet.

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Mailing address: _____

(Street number and name, or post office box)

(City)

(State)

(Zip + 4)

Phone: _____ E-mail address: _____

ACADEMIC PROGRAM FOR WHICH YOU ARE APPLYING

UNDERGRADUATE DEGREES

- Associate of Arts: Religious Studies
- Bachelor of Arts: Theology
- Bachelor of Arts: Philosophy
- Bachelor of Arts: English in the Humanities
- Bachelor of Arts: History in the Social Sciences
- Bachelor of Arts: Major not yet declared

NON-DEGREE GRADUATE CERTIFICATES

- Moral Theology
- Dogmatic Theology
- Sacred Scripture
- Church History
- Philosophical Theology
- Liturgy
- Religious Education
- Bioethics

GRADUATE DEGREES

Master of Arts in Theology concentration in:

- Moral Theology
- Dogmatic Theology
- Sacred Scripture
- Church History
- Philosophical Theology
- Liturgy
- Bioethics

Master of Arts in Pastoral Studies concentration in:

- Religious Education
- Pastoral Ministry
- Parish Administration

OTHER

Continuing Education (personal interest and enrichment)

Applicants do not need to submit the measles/rubella form.

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ACADEMIC INFORMATION

What is the highest degree you hold?

- High school diploma or equivalent
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate
- Other (specify) _____

List all colleges or universities you have attended and degree(s) earned from each. Use an additional sheet if necessary. (Note: Official transcripts from all previously attended colleges must be sent directly from those colleges to the Office of the Registrar, regardless of whether you are transferring credits to Holy Apostles from those other institutions).

Do you plan to transfer credits from other accredited colleges into your program at Holy Apostles?

- Yes
- No

Do you plan to attend Holy Apostles as a full-time student?

- Yes
- No

Do you plan to apply for financial aid?

- Yes
- No

(You can apply immediately for financial aid. Call the Financial Aid Office at (860) 632-3020. Financial assistance is available to those who qualify.)

HOW YOU LEARNED ABOUT HOLY APOSTLES

How did you hear about Holy Apostles?

- Catholic newspaper or other publication (please identify) _____
- Secular newspaper or other publication (please identify) _____
- Guidance counselor
- Internet
- Library
- Directory of colleges or other national publication (please identify) _____
- High school recruiting visit or college fair
- Holy Apostles faculty member
- Present Holy Apostles student
- Holy Apostles alumnus/alumna
- Another college
- Other (please identify) _____

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EXTRACURRICULAR ACTIVITIES

Please list below all extracurricular activities you have been involved in, whether in school or for any outside organization, employer or program. Attach additional sheets, if necessary. Where possible, include contact information (name and phone number) for someone familiar with your participation.

TERMS OF ACCEPTANCE

To the best of my knowledge and belief, the information given on this application is complete and accurate. I realize that failure to fully and accurately disclose all facts relating to this application could be grounds for dismissal. If admitted, I will comply with all rules and regulations of the college. Furthermore, I understand that if I plan to pursue a degree at Holy Apostles College I must submit proof of immunization for measles and rubella, as mandated by Connecticut state law. *(If I am not pursuing a degree, Holy Apostles waives this requirement.)*

Signed (applicant) _____ Date _____

CHECKLIST FOR REQUIRED ADDITIONAL ITEMS

- Application fee of \$50. (Payable by check or money order; please do not send cash).
- Official copies of all transcripts from all schools attended, sent directly by the schools to the address below.
- Proof of highest degree earned, sent directly by the school awarding the degree to the address below.
- Proof of immunization against measles/rubella as required by State of Connecticut Public Act 89-90. (This requirement waived for students who are not pursuing a degree at Holy Apostles.)
- Scholastic Aptitude Test (SAT) scores, if applying as a first-semester freshman.

WHERE TO SEND THIS APPLICATION

Send the completed application and all related materials to:

OFFICE OF THE REGISTRAR
HOLY APOSTLES COLLEGE
33 PROSPECT HILL ROAD
CROMWELL, CT 06416-2005

NOTE TO FRESHMAN APPLICANTS - Once all documentation has been received and evaluated, you will be invited to campus for an admissions interview and the reading comprehension/writing test.

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OFFICE OF THE REGISTRAR, 33 PROSPECT HILL ROAD, CROMWELL, CT 06416; PHONE (860) 632-3033

PROOF OF MEASLES & RUBELLA IMMUNIZATIONS

Connecticut law requires all degree-seeking (i.e., matriculated) students attending Connecticut colleges and born after December 31, 1956, to provide proof of two (2) immunizations against measles and one (1) immunization against rubella.

IF you are NOT pursuing a degree from Holy Apostles, you are NOT required to submit this form.

Registration will NOT be permitted for degree-seeking students who do not provide proof of immunization.

Student Name _____
(Please print) Last First Middle

Address _____
Street number and name City or Town State ZIP + 4

Home telephone _____ Work telephone _____

Date of Birth ____/____/____ Social Security Number ____-____-____

INOCULATION SERIES

Measles Date of first dose ____/____/____ Date of second dose ____/____/____
(must be after age 1 and January 1, 1969) (Must be after January 1, 1980)

Rubella Date of dose ____/____/____
(must be after age 1)

IMPORTANT: This form is not considered proof, in and of itself, unless signed by a physician.

LABORATORY VERIFICATION OF IMMUNITY

(Blood test required for anyone who does not provide proof of inoculations)

Measles: Test date ____/____/____ Results _____

Rubella: Test date ____/____/____ Results _____

Physician's Name (please print or type) _____

Physician's Signature _____ Date: _____

Connecticut State Law (PL 89-90) requires all enrolled (matriculated) students born after December 31, 1956, to provide proof of immunization against Measles and Rubella, or verification that they have had the disease, prior to registering for classes. Exemptions will be granted only (1) for medical reasons, confirmed by a physician's statement; (2) if you have had measles and/or rubella and have a physician's or health department certificate so stating; or (3) if your religious beliefs do not allow you to be vaccinated, and you sign a statement to that effect. If you claim a religious or medical exemption and there is an outbreak of measles or rubella on campus, you may be excluded from college activities, including classes and exams.