

Application for Post Baccalaureate Admission

Thank you for your decision to apply for admission to **Concordia University, St. Paul**. We are excited about this opportunity to share Concordia with you and to help you through the admission process. If at anytime you need a question answered or additional forms, please contact our office locally at (651) 641-8230 or toll-free at 1(800) 333-4705. Your admission counselor would enjoy the opportunity to speak with you.

Please type or print in black or blue ink. ALL information is necessary to complete your file.

Today's Date ____/____/____

Full Name _____
FIRST NAME MIDDLE LAST/FAMILY NAME MAIDEN

Home Address _____
NUMBER, STREET APT. #

CITY, STATE, ZIP Telephone () _____

Current Address _____
NUMBER, STREET APT. #

CITY, STATE, ZIP Telephone () _____

Email Address _____ Cell phone () _____

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

Post Baccalaureate Checklist:

- Application
- \$30 Application Fee
- Official College Transcripts (from all colleges attended)

Emergency Contact _____

Address of Contact _____
NUMBER, STREET CITY, STATE, ZIP

This contact person is my: (check one) Parent Guardian Spouse Other

Country of Citizenship: United States (U.S.) ____ Other _____

If you are not an U.S. citizen, are you a permanent resident? Yes ____ No ____

Is English your native language? Yes ____ No ____

Have you served in the armed forces of the United States? Yes ____ No ____

If your citizenship is anything other than U.S. and you are not a permanent resident, please complete the following questions:

What is your Country of Birth _____

What is your current immigration status? _____

If not F-1 when are you planning to apply for F-1? ____/____/____
MONTH DAY YEAR

Have you previously studied in the United States? Yes ____ No ____

If yes, what dates: From ____/____/____ To ____/____/____
MONTH DAY YEAR MONTH DAY YEAR

International Students



Concordia
UNIVERSITY · SAINT PAUL

Please note that in place of this application, you are welcome to apply on-line at www.csp.edu. Additionally, all forms required to complete this application process are available on our web site. We will contact you shortly after receipt of your application to ensure that all of your questions have been answered.

Educational Record

Please list the names of **ALL** colleges and technical schools attended. It is **your responsibility** to request that all transcripts be sent to Concordia. Failure to provide a complete academic record may result in withdrawal of acceptance. Please use and attach a separate sheet of paper if necessary. Any transcripts from non-United States schools must be translated into English and evaluated by a credential evaluation company.

Colleges, Technical or Other Post-High School(s):

NAME CITY, STATE DATES ATTENDED

NAME CITY, STATE DATES ATTENDED

Filing Status

Have you ever attended Concordia University, St. Paul before? Yes ____ No ____

Term and year you plan to enter Concordia University, St. Paul (please complete year):

Fall 20____ Spring 20____ Summer 20 ____ **I plan to attend:** Full-time ____ Part-time ____

Your Intended Field of Study at Concordia University

Please mark your choice(s).

Licensure Options:

- | | | |
|--|---|---|
| <input type="checkbox"/> Early Childhood Education (Birth-Grade 3) | <input type="checkbox"/> 5-12 Mathematics | <input type="checkbox"/> K-12 Art |
| <input type="checkbox"/> K-12 Physical Education & 5-12 Health | <input type="checkbox"/> K-8 Science | <input type="checkbox"/> Special Education: Emotional Behavioral Disorder |
| <input type="checkbox"/> K-8 Communications Arts/Literature | <input type="checkbox"/> 5-12 Social Studies | <input type="checkbox"/> K-12 English as a Second Language (ESL) |
| <input type="checkbox"/> 5-12 Communication Arts & Literature | <input type="checkbox"/> K-8 Social Studies | <input type="checkbox"/> Special Education: Learning Disability |
| <input type="checkbox"/> K-8 Mathematics | <input type="checkbox"/> 9-12 Chemistry | <input type="checkbox"/> K-12 Music |
| | <input type="checkbox"/> PK-6 Pre-Primary Specialty | <input type="checkbox"/> Parent & Family Education |
| | <input type="checkbox"/> 9-12 Life Science | |

Religious Affiliation

You are not obligated to complete this information.

Home Congregation _____ Religious Affiliation _____

If Lutheran, are you a member of the Missouri Synod? Yes ____ No ____

Church Address _____
STREET, CITY, STATE, ZIP

Signatures

I hereby certify that all information given is accurate to the best of my knowledge.

Applicant Signature:

NAME DATE

- I hereby give Concordia University, St. Paul permission to use my likeness in any promotional or news release generated by the University or any agent appointed by the University. This information may contain photos, quotations, or statistical information about myself. I also give Concordia University the permission to print my name in regard to any honors I receive from the University.

Make checks or money orders payable to Concordia University, St. Paul.
Completed applications and application fee should be sent to:

CONCORDIA UNIVERSITY, ST. PAUL
Office of Graduate Admission
275 Syndicate Street North
Saint Paul, MN 55104

Please contact our office locally at (651) 641-8230 or toll-free at 1(800) 333-4705 for assistance.



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