

# APPLICATION FORM

APPLICATION FOR ADMISSION TO PART-TIME STUDIES  
 VILLANOVA UNIVERSITY  
 Villanova, Pennsylvania 19085 (610) 519-4300  
 Email: parttime@villanova.edu

Please type or print

1. Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Month) (Day) (Year)

2. Name of Applicant LAST LEGAL FIRST NAME MIDDLE (MAIDEN NAME)

3. Permanent Address Number and Street  
 Town or City State Zip Code

4. Home Telephone with Area Code \_\_\_\_\_ Email Address \_\_\_\_\_

5. Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Address \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_  
 Town or City State Zip Code Employed  Part-Time  Full-Time

6. Is your tuition reimbursed by your employer?  Yes  No

7.  Male  Female

8. Country of Citizenship \_\_\_\_\_  
 If you are not a U.S. citizen, what is your immigration status? \_\_\_\_\_

9. Ethnic Group  American Indian or Alaskan Native  Asian or Pacific Islander  
 African-American, not of Hispanic Origin  Hispanic  
 White, not of Hispanic Origin

10. Marital Status  Single  Married  Divorced  Widow/er

11. Religion (Voluntary)  Catholic  Protestant  Jewish  Orthodox  Other  None

12. Have you ever applied to Villanova University?  Yes  No Date \_\_\_\_\_

13. Have you ever attended Villanova University?  Yes  No When? (Month/Year) \_\_\_\_\_  
 Division?  Full-Time Day  Part-Time Studies (University College)  Graduate School

14. List below the name of EVERY high school, college or university you have attended.

Name of Institution	Location (City & State)	Dates (Month, Day & Year) From/To	Graduated (Yes or No)	Name of Degree: Received on Month, Day, Year

Internal Use Only

AFR \_\_\_\_\_  
 Date \_\_\_\_\_  
 Term \_\_\_\_\_  
 Code \_\_\_\_\_  
 Q \_\_\_\_\_  
 GC \_\_\_\_\_

15. I wish to enroll for classes which begin in:  Fall  Spring  Summer

16. Which of the below describes your entry status (check one or more)?

- New at V.U. – No prior college experience
- New at V.U. – Have attended another college
- Re-Admit – Attended V.U. last: \_\_\_\_\_ (Semester / Year)
- Non-Matriculated Status (Taking courses for credit but not in a degree program at this time)  
Area of Interest: \_\_\_\_\_
- Post Graduate – College graduate not seeking another degree
- Dean’s Permission – Student attends another institution, is in good academic standing, and has written permission to enroll at Villanova University
- Superior High School Student – Student has written recommendation from High School counselor to enroll at Villanova University
- Personal Enrichment (Senior Citizen)

17. Check below the major for which you are applying (Post-Graduate, Non-Matriculated, Dean’s Permission, Superior High School Student and Personal Enrichment applicants do **NOT** answer this question):

**BACHELOR OF INTERDISCIPLINARY STUDIES**

- General Studies
- Information Systems
- Leadership Studies

**BACHELOR OF ARTS**

- English
- History
- Human Services
- General Arts
- General Arts with Business Minor

**BACHELOR OF SCIENCE**

- Accountancy
- Business Administration
- Computer Science

**ASSOCIATE OF ARTS**

- Associate of Arts

**BACHELOR OF SCIENCE IN EDUCATION (SECONDARY) \***

- Education (Circle major area)
 

Biology	General Science	Language
Chemistry	Mathematics	French
Citizenship	Physics	German
Communication	Social Studies	Latin
English		Spanish

**TEACHER CERTIFICATION \***

- Teacher Certification (Available in all of the above areas)  
Specify area \_\_\_\_\_

\* *Classes in some areas, including student teaching, are available only during day class times.*

**CERTIFICATE PROGRAMS**

- Accountancy Certificate (*Post-Graduates only*)
- Business Administration Certificate (*Post-Graduates only*)
- Information Systems
- Leadership Certificate (*Post-Graduates only*)
- Pre-Health Professions Science Certificate (*Post-Graduates only*)

18.  **OTHER MAJORS** – If you wish to pursue a major that can be completed only with daytime classes (i.e., Biology, Psychology) which would not be listed above, please indicate your desired major \_\_\_\_\_. (For a complete list of those majors, please consult the Undergraduate Studies Catalog.)

19. Are you a member of Phi Theta Kappa?     Yes     No

I, the undersigned, agree that all information supplied is correct to the best of my knowledge. Further, this information and supporting documents become the property of Villanova University. I understand that this information will not be disclosed to anyone, including the candidate, except at the discretion of the Director of Part-Time Studies.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

- |   |  |  |  |
|---|--|--|--|
| How did you hear about Part-Time Studies? | <input type="checkbox"/> Phone Call/Info | <input type="checkbox"/> Direct Mail                   | <input type="checkbox"/> Employer          |
|   | <input type="checkbox"/> VU Alumnus/a    | <input type="checkbox"/> Radio                         | <input type="checkbox"/> Reputation        |
|   | <input type="checkbox"/> Live in Area    | <input type="checkbox"/> Graduate of Part-Time Studies | <input type="checkbox"/> Work at Villanova |
|   | <input type="checkbox"/> Newspaper       | <input type="checkbox"/> Student in Part-Time Studies  | <input type="checkbox"/> Web/Internet      |
|   | <input type="checkbox"/> Cable TV        | <input type="checkbox"/> Public Library                |  |

A non-refundable application fee of \$25 must accompany this application. The check or money order should be made payable to Villanova University.

Please direct all applications and transcripts to:  
Office of Part-Time Studies  
Villanova University  
800 Lancaster Avenue  
Villanova, PA 19085-1696