

RELATIONSHIP _____ WHEN? _____

VETERAN STATUS: ELIGIBLE FOR BENEFITS DEPENDENT VET/NO BENEFITS ELIGIBLE FOR BENEFITS BEFORE 1977 VOCATIONAL REHABILITATION ACTIVE DUTY NOT ELIGIBLE FOR BENEFITS N/A

STUDENT TYPE: Undergraduate Major Undergraduate Special (Non-degree) Full-time Part-Time

DEGREE PROGRAMS - CLASSROOM

BACHELOR OF ARTS DEGREE: <input type="checkbox"/> General Studies Concentration Areas <input type="checkbox"/> Early/Primary Education <input type="checkbox"/> Paralegal Studies	BACHELOR OF SCIENCE DEGREE: <input type="checkbox"/> Business Management Concentration Areas <input type="checkbox"/> Hotel/Restaurant Mgt <input type="checkbox"/> Aviation Maintenance Tech <input type="checkbox"/> Systems Organization & Management Concentration Area <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Public Safety Administration <input type="checkbox"/> Fire Administration Concentration <input type="checkbox"/> Emergency and Disaster Management Concentration <input type="checkbox"/> Criminal Justice Concentration <input type="checkbox"/> Emergency Medical Systems Concentration	CERTIFICATE PROGRAMS: <input type="checkbox"/> Corrections <input type="checkbox"/> General Studies <input type="checkbox"/> Hotel/Restaurant Management <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Paralegal Studies
ASSOCIATE OF SCIENCE DEGREE: <input type="checkbox"/> Aviation Maintenance Technology		

If not pursuing a degree, check which: Audit Only Credit for Transfer to _____
 Personal enrichment not linked to degree or certification

SESSION APPLYING FOR: FALL I FALL II SPRING III SPRING IV SUMMER V

EDUCATIONAL DATA

HIGH SCHOOL _____
NAME

CITY/STATE _____

GRADUATION DATE _____ DIPLOMA RECEIVED YES NO

GED RECEIVED YES NO IF SO, DATE _____

FROM WHERE (CITY/STATE)? _____

COLLEGE/UNIVERSITIES ATTENDED- LIST ALL ACADEMIC WORK BEYOND HIGH SCHOOL. MOST RECENT FIRST.

NAME OF COLLEGE/UNIVERSITY CITY STATE
MAJOR DEGREE/CERTIFICATION DATES ATTENDED (MM/DD/YY) FROM --- TO ---

NAME OF COLLEGE/UNIVERSITY CITY STATE
MAJOR DEGREE/CERTIFICATION DATES ATTENDED (MM/DD/YY) FROM --- TO ---

HAVE YOU EVER BEEN PREVIOUSLY ENROLLED AT HAMPTON UNIVERSITY? ___ YES ___ NO

DATES ENROLLED FROM _____ TO _____

IF YES, INDICATE REASON FOR LEAVING: _____

UNDER WHAT NAME WERE YOU PREVIOUSLY ENROLLED? _____

HAVE YOU EVER BEEN DISMISSED FROM HAMPTON UNIVERSITY OR ANY COLLEGE/UNIVERSITY? YES NO
(INDICATE REASON FOR DISMISSAL) _____
DATE DISMISSED (MM/DD/YY) ___/___/___

ARE YOU CURRENTLY ENROLLED OR SEEKING A DEGREE AT ANOTHER COLLEGE/UNIVERSITY?
 YES NO IF YES, NAME OF SCHOOL _____
CITY/STATE _____

**ON A SEPARATE SHEET OF PAPER, WRITE A BRIEF ESSAY EXPLAINING WHY YOU WANT TO ATTEND COLLEGE.
TYPE ESSAY OR WRITE IN INK. (250-300 Words)**

CHECKLIST

APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:

- HIGH SCHOOL TRANSCRIPT ENCLOSED BEING FOWARDED
- OFFICIAL COLLEGE TRANSCRIPTS ENCLOSED BEING FOWARDED

TRANSCRIPTS MAY BE IN ANOTHER NAME _____
PRINT NAME

\$35.00 NON-REFUNDABLE APPLICATION FEE IS ENCLOSED (PERSONAL CHECKS ARE NOT ACCEPTED)

HOW DID YOU HEAR ABOUT US? Student Referral TV/Newspaper Word of Mouth Education Fair
 Internet Other (Specify) _____

ALL APPLICANTS MUST SIGN BELOW

I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION PROVIDED HERE FOR ADMISSION WILL RESULT IN A RE-EVALUATION OF MY ADMISSION TO HAMPTON UNIVERSITY, ACCELERATED EVENING PROGRAMS, AND THAT A POSSIBLE DENIAL OF ADMISSION MAY RESULT.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

- Application Fee Received Medical Records Forward Yes No Essay
 High School Transcript Received Official College Transcripts Received
 Two Letters of Reference (Religious Studies only)

HUID#: _____ PERSONAL PIN: : _____ ADVISEMENT PIN: _____

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