



Answer truthfully and completely all questions on this application.

GENERAL INFORMATION

Anticipated Start Term: Fall 1 (Aug/Sept) Fall 2 (Oct/Nov) Spring 1 (Jan) Spring 2 (Feb/Mar)
 Summer 1 (May) Summer 2 (July)

Year: 2018 2019 2020 2021

Status: Full-time Part-time
 First-time Student Transfer Student Returning Saint Peter's student

Campus: Jersey City Bergen County (Nursing only) Online
 Corporate Site: _____

PERSONAL INFORMATION

Applicant's Full Legal Name

_____ last first middle

Home Address

_____ street bldg./apt. # city state zip county

E-Mail Address _____

Home Telephone Number (_____) _____ Cell Phone (_____) _____

Mailing address (if different from above)

_____ street bldg./apt. # city state zip county

Social Security No. _____ Maiden/Former Last Name _____

Date of Birth: _____ - _____

Current citizenship status: U.S. Citizen Permanent Resident International

Do you plan to attend Saint Peter's University on an F1 Visa? Yes No

Current Visa Classification _____

Country of citizenship _____

OTHER INFORMATION

How did you learn about Saint Peter's University? _____

Response to the following questions in this section is voluntary and the information will be kept confidential. Refusal to provide this information will not affect an applicant adversely.

Gender: Female Male

Veteran's Status: Student is not a veteran Student is a veteran Student is a dependent of a veteran

Ethnicity: Are you Hispanic or Latino? Yes No

If you wish to be identified with a particular ethnic group, please select the choice that most accurately describes your heritage.

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Religion: Catholic Jewish Protestant Other None

Marital Status: Single Married Divorced Widowed

ADDITIONAL INFORMATION

In the event we are unable to contact you or in case of emergency, please provide a name, address and telephone number of a relative not living with you.

Name _____ Relationship _____

Address _____ Telephone (_____) _____

REQUIREMENTS FOR ADMISSION

- **A completed application**
- **Transcripts:** Saint Peter's requires an official copy of your high school transcript, G.E.D. or college transcript, however, an unofficial transcript may be presented for admissions purposes.

First-time students: please request from your high school that a copy be forwarded to the address below.

Transfer: please request from all colleges you have attended that a copy be forwarded to the address below.

Saint Peter's University

Attention – GPSA

2641 Kennedy Boulevard

Jersey City, New Jersey 07306

ACADEMIC INFORMATION

Please list all college, business, technical or nursing schools you are currently attending or have attended.

Please have official transcripts from each school forwarded to the office.

Institution	County, State or Country	Credits Earned	Degree
_____	_____	_____	_____
_____	_____	_____	_____

Name and address of high school: _____

Secondary Education:

High School Graduate Year of Graduation _____ Private Public

Equivalency Diploma

Not a high school or equivalency graduate

Have you previously applied to Saint Peter's University? Yes No

Have you ever attended or received credits from Saint Peter's University? Yes No

PLANS OF STUDY

- Associate of Applied Science (AAS):**
 - Business Management
 - Health Sciences (Holy Name Hospital students only)
 - Marketing
 - Public Policy
- Associate of Arts (AA):**
 - Humanities
 - Social Science
- Bachelor of Arts (BA):**
 - Criminal Justice
 - Elementary Education
 - Elementary Education PreK through Third Grade
- Bachelor of Professional Studies (BPS):**
 - Cyber Security Online
 - Digital Marketing Online
 - Humanities
 - General Studies
 - Organizational Leadership Online
 - Social Sciences
- Bachelor of Science (BS):**
 - Urban Studies/Public Policy Sequence
- Bachelor of Science in Business Administration (BSBA):**
 - Accounting
 - Business Management On Ground
 - Business Management Online
 - Health Care Management On Ground
 - Health Care Management Online
 - International Business
 - Marketing
- Bachelor of Science in Nursing (BSN):**
 - RN to BSN Completion – Evening Track (Bergen County only)
 - RN to BSN Completion – Online

EMPLOYER INFORMATION

Saint Peter's University honors employer-sponsored tuition reimbursement programs. If interested, please complete the following section.

Name of Employer _____

Employer Address _____

Position Held _____

Telephone # and extension _____

If percentage is paid by employer: What type of courses: All courses Job-related courses

Have you ever been convicted of a crime other than a misdemeanor or traffic violation? Yes No

If you answered "yes" to the question above please submit a full statement of the relevant facts on a separate sheet of paper.

Applicant's Signature

I certify that the information on this application is true and correct to the best of my knowledge. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the denial or the rescission of admission. I agree that, if I am accepted, I will comply with all the rules and regulations of Saint Peter's University, and that my admission, matriculation, and graduation are subject to the control of the authorities of Saint Peter's University.

Signature of Applicant _____ Date _____

Saint Peter's University is an Equal Opportunity / Affirmative Action Employer/Institution. It does not discriminate on the basis of sex, race, marital status, color, religion, age, national or ethnic origin, disability, sexual orientation, or veteran's status.

INSTRUCTIONS FOR THE APPLICANT

Answer truthfully and completely all questions on this application and return it to the address below.

Office of Graduate and Professional Studies Admission
2641 Kennedy Boulevard
Jersey City, NJ 07306
(201) 761-6470 • www.saintpeters.edu