

PERSONAL INFORMATION

(PLEASE PRINT)

1. Expected date of Entry / / Gender M F

2. Name (Mr., Ms., Miss., Mrs.)
last first middle maiden (former)

3. Social Security Number _____

4. Permanent Address
street city or town
state zip code country (area code) phone

5. Mailing Address (if different)
street/PO Box # city or town
state zip code (area code) phone until (date)

6. Business Phone (if applicable) ()
(area code) phone extension

7. Date of Birth / /
month/date/year

8. Country of Citizenship _____
a. If not a US Citizen, do you have permanent residency status? YES NO

9. Please indicate how you first learned of D'Youville College ? _____

SCHOLASTIC INFORMATION

10. High School Name _____ Date of Graduation / /
Address
street city state zip code
Phone Number () CEEB School Code Number _____

11. List all colleges and universities you have attended or are attending.

School	City	State	Dates	Completed Hours / Degree Earned (if any)
_____	_____	_____	<u> </u> / <u> </u> — <u> </u> / <u> </u>	_____
_____	_____	_____	<u> </u> / <u> </u> — <u> </u> / <u> </u>	_____
_____	_____	_____	<u> </u> / <u> </u> — <u> </u> / <u> </u>	_____

12. What is your cumulative GPA? _____ Total Credit Hours Completed? _____

MISCELLANEOUS

14. Employment Record. Please list any related work experience you have had beginning with your most recent job.

Position	employer	city/state	inclusive dates	
			/	/
			—	/
			/	/
			—	/
			/	/

Will you be applying for student financial aid ? YES NO

16. Will you be receiving Tuition Reimbursement from your employer ? YES NO

17. Have you served in the United States Armed Forces ? YES NO

Are you a disabled veteran ? YES NO

18. Will you receive educational veterans benefits while enrolled at D'Youville ? YES NO

19. All veterans must submit a copy of their DD 214 and the Application for Education Benefits available in room 114 of the Koessler Administration Building.

20. Please attach any military certificates or course completion certificates.

21. Have members of your immediate family attended D'Youville?

22. If yes, who and what relation ? _____

23. Voluntary Information. Which of the following would you classify yourself as:

- Native American Indian
- Asian or Pacific Islander
- African American
- Hispanic
- Non-Resident Alien
- White, Non-Hispanic
- Other _____

Student Signature _____ Date ____/____/____

D'YOUVILLE COLLEGE
***Advance* PROGRAM**

For office use only:

Advance Program Director _____ Code _____

Application Received Date _____ Initials _____

Application Fee Paid Date _____ Initials _____

D'Youville College *Advance* Program
320 Porter Avenue
Buffalo, NY 14201
(Recommendation Form)

Full Name of Candidate (Please Type) _____

WAIVER of ACCESS: The Family Education and Privacy Act of 1974 permits the individual requesting this reference to sign a waiver relinquishing the right to inspect letters of recommendation. The person's signature below constitutes such a waiver; the lack of a signature implies that the person for whom this reference is being written shall have the right to read this reference.

Applicant Signature _____ Date _____ / ____ / ____

The above individual has applied to a rigorous program designed to assist students in completing an Accelerated Degree Completion Program. Students admitted to the program will take a variety of business courses and will receive all needed academic support.

Part 1: Please circle the number that reflects your views or knowledge of the applicant:

1. Of all undergraduate students I have taught, I would rate the overall academic performance of this applicant in the (if applicable)

5	4	3	2	1
top 5%	top 20%	top 33%	top 50%	bottom 50%

2. Of all the employees I have supervised, I would rate the overall performance of this applicant in the (if applicable)

5	4	3	2	1
top 5%	top 20%	top 33%	top 50%	bottom 50%

3. The applicant is sufficiently motivated to pursue a Degree Completion Program

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

4. The applicant generally completes the projects in which he or she is involved

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

5. The applicant possess a high degree of intellectual honesty and integrity

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Please go to Part Two

D'Youville College **Advance** Program
320 Porter Avenue
Buffalo, NY 14201
(Recommendation Form)

Part 2.

Please give us a concise (use space provided) evaluation of the applicant's determination, academic capabilities and possibilities for success.

Name _____ Company/School _____

Signature _____ Date ____ / ____ / ____

REQUEST FOR OFFICIAL TRANSCRIPT

College _____ Date ____ / ____ / ____

Name used when attending the institution listed above:

Name _____
Last First Middle Maiden

Address _____ Soc. Sec. No. _____
_____ Birthdate _____

Home Phone _____ Work Phone _____

Number of Official Copies Requested _____ Number of Student Copies Requested _____

Please mail transcript(s) to:
**D'Youville College
ADVANCE PROGRAM
One D'Youville Square
320 Porter Avenue
Buffalo, NY 14201-1084**

A check for \$ _____ is enclosed to cover transcript fees.

Applicant's Signature _____

REQUEST FOR OFFICIAL TRANSCRIPT

College _____ Date ____ / ____ / ____

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