



University Studies

Bachelor of Applied Studies Application

A \$25 application fee is required for processing. Please complete and return this form to:
University Studies, 1626 Campus Court, ACU Box 28082, Abilene, Texas 79699-8082
800-657-9081 • 325-674-2505 • Fax: 325-674-6903 • ridgeb@acu.edu

OFFICE USE ONLY
Application fee received: Check Cash Money Order

PERSONAL INFORMATION

LAST NAME FIRST MIDDLE (MAIDEN) SOCIAL SECURITY NO.

PREFERRED NAME

PRESENT ADDRESS CITY STATE ZIP AREA CODE PHONE NUMBER

AREA CODE WORK PHONE NUMBER E-MAIL ADDRESS

Date of birth _____ Place of birth _____
MONTH DAY YEAR CITY STATE COUNTRY

Sex: Male Female Country of citizenship _____ Church membership _____

Marital status (check one): Single Married Divorced Widowed Separated

Ethnic origin: Hispanic African American White Asian Native American Other _____

For military personnel only: Air Force Other _____ Rank _____
Check one: VA TA Self pay

Did one or both of your parents graduate from a four-year college? One Both Neither

Have you been accepted into a program at ACU before? Yes – Date _____ No

Do you prefer day or evening classes? Day Evening

Have you ever been dismissed/placed on probation/suspended for academic or disciplinary reasons? No Yes (Attach explanation)
Have you ever been found guilty of criminal offenses other than minor traffic violations? No Yes (Attach explanation)

PREVIOUS EDUCATION AND PLANS

Which term do you wish to begin your studies at ACU? _____

What is your area of interest? _____

I have requested reference letters from the following people:

NAME	ADDRESS

Check the test(s) you have taken: ACT SAT TASP Compass Wais

Composite score _____ Test date _____

NOTE: Self-reported scores are unofficial. Students must submit official score report.

(If you have more than 30 college semester hours, please skip this section.)

High school attended _____ Year of graduation _____

Address _____

City _____ State _____ ZIP _____

If you did not graduate from high school, have you taken the GED test?

Yes No If yes, year awarded _____

PLEASE SEE REVERSE SIDE

TRANSFER INFORMATION

Are you presently attending or have you previously attended any college or university? Yes No

Official transcripts are those sent directly from former college/university to ACU in **sealed envelopes**.

Please list all institutions, locations and dates. **Important:** failure to provide a list of all colleges attended (including correspondence and extension courses) may result in delay in admission, loss of transfer credit and/or dismissal. It is your responsibility to have official transcripts forwarded from each college attended. An official report is required even though attendance was for a brief time and no credit was established. Please list in descending order beginning with current or most recent college or university attended. (Attach another sheet of paper if necessary.)

NAME OF INSTITUTION	ADDRESS (CITY AND STATE)	TERM BEGINNING (MONTH AND YEAR)	TERM ENDING (MONTH AND YEAR)	NO. OF CREDIT	GPA

Submit this application with:

1. Application fee of \$25 (required at submittal of application);
2. Purpose statement (two pages typed);
3. Letters of recommendation (one character and one job related);
4. Official high school transcript showing date of graduation or an official GED certificate is required for admission to the university if the applicant has less than 30 hours of transferable college credit;
5. Official college transcripts showing all transferable semester hours;
6. Health record form.

In making application, I am aware of the requirements and regulations of Abilene Christian University as stated in the latest ACU catalog, and I am willing to abide by them. I also affirm that all information requested on this application has been given and that this information is complete and accurate.

Signature _____ Date _____