

# THE ADMISSION PROCESS

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To be considered for admission to an undergraduate degree program at ACU, a prospective student must see that the Office of Admissions receives all required materials listed below.

To assure full consideration for admission, applicants should submit all materials as early as possible.

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## 1. Application (Including a \$25 non-refundable processing fee)

Please complete in full. The Application for Admission cannot be processed if questions are left unanswered. If you do not have a Social Security number, please attach an explanation.

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## 2. Transcript\*

### FRESHMEN

High school seniors should complete the Transcript Request Form and submit it to their high school counselor, requesting that an official transcript be sent to ACU.

After graduation, the applicant must provide a complete transcript showing all courses completed, the final class rank and date of graduation. It is the applicant's responsibility to request the transcript to be sent to ACU.

### TRANSFERS

College transfers must submit an official transcript from **each** college previously attended. Transfers must have a cumulative GPA of 2.0 or better and be eligible to return to the previous institution. A high school transcript will also be required.

\*To be considered **OFFICIAL**, a transcript must be mailed directly to ACU from the issuing school.

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## 3. Test Scores

### FRESHMEN

Students should request their scores be sent to ACU when they register for the test. After the test date, additional scores may be requested from the appropriate testing service.

**SAT Code for ACU: 6001** \$11.50  
The College Board  
Box 592-A  
Princeton, NJ 08541

**ACT Code for ACU: 4050** \$6.50  
American College Testing  
Box 451  
Iowa City, Iowa 52243

### SCORE REQUIREMENTS

Students with a combined total of 960 on the math and critical reading sections only (excluding the writing section) on the SAT or a composite score of 20 on the ACT meet ACU's testing minimums. Additional testing will be required of some students for class placement purposes.

A limited number of students with a combined total of less than 960 on the math and critical reading sections only (excluding the writing section) on the SAT

or less than 20 composite on the ACT will be accepted to ACU's Academic Advance Program.

Academic Advance is designed to assist the new student whose test scores indicate the need for additional academic preparation for college level studies. Additional information can be requested from the Office of Admissions or found in the *Undergraduate Catalog*.

### TRANSFERS

Students transferring to ACU with fewer than 64 semester hours are required to have an SAT or ACT score on file before class placement can be made.

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## 4. Reference Forms (Included in packet)

Two references should be requested and sent to the Office of Admissions. The references should be from people who are not related to the applicant:

- One reference of academic recommendation (teacher)
- One reference of character recommendation (activity leader)

The references should evaluate the applicant's potential to excel and contribute to the campus environment. Providing your references with the reference form and a stamped envelope, addressed to ACU, should help encourage a prompt response.

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## 5. Housing Request Form

*(This form will be sent after you are admitted.)*

All students are required to live in campus housing unless they are married, are 21 years of age or older, are living with parents, or have been out of high school for at least two years.

To reserve your space, send a \$100 deposit along with the Housing Request Form to the Admissions Office at the address shown on the form.

Requests are processed after admission has been granted to the university. **The room deposit is non-refundable after May 1.**

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## 6. Health Record Form

*(This form will be sent after you are admitted.)*

All applicants are required to provide medical records showing a current doctor's physical, immunization records and medical history. Send to the Health Services Office at the address shown on the form. Faxes are not acceptable.

ACU recommends incoming students get the meningitis vaccine Menetra. These are available through the ACU clinic.

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Abilene Christian University • Office of Admissions  
ACU Box 29000, Abilene, Texas 79699-9000  
**Toll free long distance:** 800-460-6228 • **Local:** 325-674-2650  
**Web:** [www.acu.edu](http://www.acu.edu) • **Email:** [info@admissions.acu.edu](mailto:info@admissions.acu.edu)



# Application for Admission

## Personal Information

<b>OFFICE USE ONLY</b>			
App. Fee Received	___ Check	___ Cash	___ Money Order

Full name \_\_\_\_\_ Social Security number \_\_\_\_\_  
LAST FIRST MIDDLE

Preferred name \_\_\_\_\_ Other names under which a transcript could be found \_\_\_\_\_

DATE OF BIRTH	CITY OF BIRTH	STATE/COUNTRY	COUNTRY OF CITIZENSHIP	Religious preference _____ Church you attend _____
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- Female  
 Male

*For statistical purposes only* ▶

- White  African-American  Hispanic  
 Native American  Asian or Pacific Islander  
 Other \_\_\_\_\_

Present address \_\_\_\_\_ Texas county of residence \_\_\_\_\_  
STREET OR BOX NUMBER CITY STATE ZIP

Phone number: Area code \_\_\_\_\_ Number \_\_\_\_\_ Email address \_\_\_\_\_

Father's full name \_\_\_\_\_ Occupation \_\_\_\_\_  
LIST EVEN IF DECEASED

Mother's full name \_\_\_\_\_ Occupation \_\_\_\_\_  
LIST EVEN IF DECEASED

Parents' address \_\_\_\_\_  
IF SAME AS ABOVE, WRITE 'SAME' STREET OR BOX NUMBER CITY STATE ZIP

Relatives who have attended ACU:  Mother  Father  Sister  Brother  Grandparent

Are you eligible for military benefits?  No  Yes

## Enrollment Information

Have you applied for admission to ACU before?  No  Yes Date \_\_\_\_\_

TERM OF INTENDED ENROLLMENT <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Maymester <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II YEAR _____	INTENDED MAJOR (If undeclared, indicate that as "pre-major")
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Check the plan by which you are seeking admission:

- Plan I** – By graduation from an accredited high school. Graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 **Plan II** – By individual approval (for applicants over age 21 without a high school diploma).  
 **Plan III** – Transfer with \_\_\_\_\_ semester hours completed and a GPA of \_\_\_\_\_.  
 **Plan IV** – Other \_\_\_\_\_

I have taken the SAT. Month \_\_\_\_\_ Year \_\_\_\_\_ Verbal score \_\_\_\_\_ Math score \_\_\_\_\_ I plan to take the SAT: Month \_\_\_\_\_ Year \_\_\_\_\_

I have taken the ACT. Month \_\_\_\_\_ Year \_\_\_\_\_ Composite score \_\_\_\_\_ I plan to take the ACT: Month \_\_\_\_\_ Year \_\_\_\_\_

## Education

List below all **high schools** and **colleges** you have attended, beginning with the 9th grade:

High School or College	City and State	Dates Attended (Month-Year to Month-Year)	Reason(s) for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OVER, PLEASE**

High school or college activities, honors and outstanding achievements:

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List brothers and sisters in 8th through 12th grades:

NAME	ADDRESS	CITY	STATE	ZIP	GRADUATION YEAR

**IMPORTANT: Please read carefully before answering and signing the following:**

Abilene Christian University is an independent, comprehensive university whose mission is to educate its students for Christian service and leadership throughout the world. It is the aim of the university to instill in its students high standards of conduct, individual responsibility, and faith in the worth and dignity of the individual. The policies of the university are designed to encourage this objective in students. Students who apply to the university should understand that the signing of this form constitutes acceptance of and an agreement to abide by the policies and regulations of Abilene Christian University. ACU reserves the right to change its admission policies or deadline dates without notifying all parties. Please check with the Admissions Office if you have questions.

I certify that the information provided on this application is complete and true to the best of my knowledge.  
I agree to uphold the policies of Abilene Christian University and abide by its rules.

Have you ever been dismissed/placed on probation/suspended for academic or disciplinary reasons?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Attach a detailed explanation</i>
Have you ever been found guilty of criminal offenses other than minor traffic violations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Attach a detailed explanation</i>

**X** \_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**X** \_\_\_\_\_  
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE *(Required for students under 18 years of age)* DATE

**APPLICATION MUST BE SIGNED AND DATED**

RETURN TO: Abilene Christian University, *Office of Admissions*  
ACU Box 29000, Abilene, Texas 79699-9000

QUESTIONS? **Toll free long distance:** 800-460-6228 **Local:** 325-674-2650 **Email:** *info@admissions.acu.edu*

Abilene Christian University complies with all applicable federal and state non-discrimination laws, and does not engage in prohibited discrimination on the basis of race, color, nationality, ethnic origin, gender, age or disability in admissions decisions, financial aid, and provision of student services, programs and activities.



# Admissions Reference Form

## To the student requesting the reference:

Two references are required by the Office of Admissions. Your references should be from people who are not related to you. One reference should be an **academic recommendation** and the other a **character recommendation**.

Name of student (please print) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, I hereby waive my rights to review this personal reference.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please provide a stamped envelope addressed to the ACU Office of Admissions (see address on reverse side) and specify a deadline for your reference to return this form to ACU.

## To the individual completing this reference:

Unless the student has signed the waiver, they have the right to review your reference. The goal of this reference is to evaluate the applicant's potential to excel and contribute to the campus environment. Please return your completed form directly to ACU. Thank you for your assistance.

How long have you known the student? \_\_\_\_\_

Your relationship to this student is:  Teacher  Christian leader  Other \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

CHARACTERISTICS	Superior (highest 5%)	Excellent (next 15%)	Above Average (next 20%)	Average (middle 25%)	Below Average (lowest 35%)	No Basis for Judgment
Overall intellectual and analytical ability						
Independence and originality of thought						
Quality of verbal communication						
Quality of written communication						
Maturity and judgment						
Christian conviction						
Initiative and motivation						
Attitude and cooperative spirit						
Leadership skills						
Personality, interpersonal skills						

**REFERENCE CONTINUED ON REVERSE SIDE!**

Please provide a narrative of your overall evaluation of this student:

**Please return this form to:** Abilene Christian University, Admissions Office, ACU Box 29000, Abilene, TX 79699-9000  
**Admission decisions cannot be made without this reference. Please return promptly. Thank you.**

<b>Others you recommend as prospective ACU students:</b>			
<b>Name</b> _____	Grade or age _____	Phone _____	
Address _____	City _____	State _____	ZIP _____
<b>Name</b> _____	Grade or age _____	Phone _____	
Address _____	City _____	State _____	ZIP _____
<b>Name</b> _____	Grade or age _____	Phone _____	
Address _____	City _____	State _____	ZIP _____