

Date _____ Social Security Number _____

Phone: Home () _____ Work () _____

Name (Last, First, Middle) _____

Preferred Name _____ Email _____

Address _____ City/State/Zip _____

Status Single Married (Maiden Name _____) Birth Date _____

Citizenship USA Other (Specify _____) Visa Status _____

MAJOR Business Administration Counseling and Social Services Management Information Systems
 Church and Ministry Management Criminal Justice Nonprofit Management
 Computer Information Systems Human Psychology Organization Management and Leadership

LOCATION Chicago Lake County _____

INTENDED ENROLLMENT DATE August 20_____ January 20_____ May 20_____

ACADEMIC HISTORY (Please list ALL colleges attended.)

School	Location	Dates Attended

EMPLOYMENT (Please include a copy of your current résumé.)

Current Employer _____

Job Title _____ Date Employed _____

Address _____ City _____ State/Zip _____

ETHNIC BACKGROUND

Responding to this section is strictly optional and has no bearing on your admission status.

NOTE: The U.S. Department of Health and Human Services requires each academic institution to report on the racial composition of its students. Although self-identification is voluntary, it would be of great assistance to North Park University if you would complete the section below.

Hispanic Native American Black/African American
 Asian/Pacific Islander White/Non-Hispanic Other _____

SURVEY

How did you first learn about the SAL Program? _____

What were the key factors that caused you to apply to the SAL Program? _____

The information I have provided herein is complete and accurate.

Signature of Applicant _____

Gaining admission through misrepresentation is unacceptable and may be cause for expulsion from the University or the revocation or suspension of any degree.