



LEARN. GROW. IMPACT.

ADMISSIONS APPLICATION

STATISTICAL INFORMATION (Optional, used for reporting purposes only)

ETHNIC ORIGIN	Black/African American	American Indian/Alaska Native	Native Hawaiian/Other Pacific Islander
	Hispanic/Latino	White/Caucasian	Asian
			Other _____

GENERAL INFORMATION (Complete ALL BLUE sections legibly)

FIRST NAME		MIDDLE NAME	LAST NAME	
ADDRESS		CITY	STATE	ZIP
COUNTRY	CONTACT PHONE	EMAIL ADDRESS		
DATE OF BIRTH (MM/DD/YY)	GENDER M F	MILITARY STATUS (CIRCLE ONE) Non Veteran Veteran	I HEARD ABOUT LAUREL U FROM:	
MOTHER'S NAME (IF APPLICABLE)		FATHER'S NAME (IF APPLICABLE)		
MOTHER'S ADDRESS (IF APPLICABLE)		FATHER'S ADDRESS (IF APPLICABLE)		
CHURCH YOU ATTEND		PASTOR'S NAME		
ADDRESS OF CHURCH YOU ATTEND			MAY WE CONTACT YOUR PASTOR? Yes No	

ENROLLMENT INFORMATION

I PLAN ON SEEKING FINANCIAL AID Yes No Unsure	I PLAN ON BEING Full-time Part-time	I PLAN ON STARTING Fall 20 _____ Spring 20 _____ Summer 20 _____		
PROGRAM OF STUDY/MAJOR I'M INTERESTED IN		I PLAN ON LIVING On Campus Off Campus	I PLAN ON TAKING CLASSES On Campus Online	
MY DESIRED DEGREE None Undergraduate Masters Doctorate		I'M INTERESTED IN THE FOLLOWING CO-CURRICULAR ACTIVITIES: Soccer (M/W) Volleyball (W) Women's Leadership Institute Softball (W) Choir Men's Leadership Institute		

PERSONAL INFORMATION

Do you consider yourself mentally and physically fit to undertake a program of study? Yes No

Have you ever been charged, arrested, convicted, or acquitted of any violation of the law? Yes No

In the past twelve (12) months have you used alcohol, tobacco, or illegal drugs? Yes No

EDUCATION (all schools attended, including high school, colleges and universities)

NAME	CITY, STATE	YEARS ATTENDED	GRADUATION DATE	GPA

QUESTION: (on reverse or separate paper)

How does your life demonstrate your faith in Jesus Christ?

ADMISSIONS AGREEMENT: I agree to respect the regulations and appointed leadership of Laurel University to strive for harmony and the demonstration of Christian love and discipleship.

YOUR SIGNATURE _____ **DATE** _____



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TRANSCRIPT REQUEST FORM

Directions: Complete the form below, printing clearly, then sign it. Send it to the principal or registrar of the school(s) you attended, along with the correct processing fee. The school will send your transcript directly to us.

This step is necessary for you to complete your application with OFFICIAL transcripts.

PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF NECESSARY)	
ADDRESS			CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL ADDRESS		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DATE(S) ATTENDED		GRADUATION DATE	

To the Principal or Registrar of

Name of School

Please mail an official transcript of my record showing current grades, GPA, class rank, ACT/SAT score and immunization record to:

(If this is not a final transcript, please mail a supplement or a final transcript when completed.)

Laurel University Admissions Office
1215 Eastchester Drive
High Point, North Carolina 27265-3115

I hereby authorize the release of my academic records and related materials to Laurel University.

Signature _____ Date _____

Passage by Congress of the Family Education Rights and Privacy Act of 1974 and subsequent legislation passed by certain states require that permission be granted for the release of academic records by high schools, colleges, and universities.

Send this form to the Principal or Registrar of the school you attended with the fee they request for transcripts.

**Please return all forms to: Laurel University Admissions Office
1215 Eastchester Drive, High Point, NC 27265-3115 * Fax 336.889.2261* Revised 1/5/2016**



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MEDICAL HISTORY

(NOT REQUIRED FOR EVENING/ONLINE STUDENTS)

APPLYING STUDENT (please type or print clearly)

PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME (IF NECESSARY)	
ADDRESS			CITY	STATE	ZIP

HAS ANY BLOOD RELATIVE (Parent, Brother, Sister, Child) or SPOUSE EVER HAD OR NOW HAS:

YES	NO	COMMENTS:
		Tuberculosis
		Diabetes
		Cancer
		Kidney Disease
		Heart Disease
		Stomach Disorder

HAVE YOU HAD OR NOW HAVE:

YES	NO	YES	NO	EXPLAIN:
				Allergies
				Hypertension
				Anemia
				Hemorrhoid or rectal disease
				Any Drug or Narcotic habit
				Kidney condition/problem
				Asthma
				Menstrual Problems
				Back injuries/problems
				Mental illness
				Boils/skin infections
				Migraine headaches
				Cancer
				Mumps
				Chicken Pox
				Nervousness/nervous disorder
				Convulsions/tremors
				Paralysis (including infantile)
				Depression
				Rheumatic fever
				Diabetes
				Scarlet fever
				Dizziness
				Skeletal injury/condition
				Epilepsy
				Surgical procedures
				Gastric/duodenal ulcer
				Tuberculosis
				Heart trouble
				Positive PPD skin test
				Hepatitis A B C
				Varicosities
				Hernia
				Venereal disease

1. Have you ever lived overseas? _____ 2. Have you ever used I.V. drugs? _____

3. Do you take injections for Hemophilia? _____

4. Please list all medications you are ALLERGIC to _____

IMMUNIZATION RECORDS: (to be completed by your physician)

Diphtheria series:	1st _____	2nd _____	3rd _____	Tetanus Booster _____
Polio series:	1st _____	2nd _____	3rd _____	4th _____
Mumps _____	Measles _____	Rubella _____	Ruboela _____	1st MMR _____ 2nd MMR _____

Do you consider the applicant mentally and physically able to undertake a program of study? _____

Do you consider the applicant physically able to participate in a physical education program? _____

Physician's signature _____ Date _____

Please print or stamp name and/or clinic name _____

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