

Application for Admission

School of Continuing Studies

Thank you for your decision to apply for admission to Concordia University, St. Paul. We are pleased to have this opportunity to help you through the admission process. If you have a question or need additional forms, please contact our office and your admission counselor will assist you.

Please type or print in black or blue ink. ALL information is necessary to complete your file.

Today's Date ____/____/____

Full Name _____
FIRST NAME MIDDLE LAST/FAMILY NAME MAIDEN

Address _____
NUMBER, STREET APT. #

CITY, STATE, ZIP Home phone (____) _____

Work phone (____) _____ Cell phone (____) _____ Fax (____) _____

Personal Email Address _____ Work Email Address _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Country of Citizenship: _____

If not U.S. Citizen, are you a permanent resident? Yes____ No____

Is English your native language? Yes____ No____

Have you served in the armed forces of the United States? Yes____ No____

Employer & Address _____
COMPANY NAME NUMBER, STREET CITY, STATE, ZIP

Have you ever attended Concordia University, St. Paul before? Yes____ No____

I am applying at Concordia University, St. Paul for:

Associate of Arts____ Continuing Studies Courses____

Month and year you plan to enter Concordia University, St. Paul (please complete year): _____

Do you plan to apply for financial aid? Yes____ No____

Educational Record

Please list the names of **ALL** high schools, colleges and technical schools attended. It is **your responsibility** to request that all transcripts be sent to Concordia. Failure to provide a complete academic record may result in withdrawal of acceptance. Please use and attach a separate sheet of paper if necessary. Any transcripts from non-United States schools must be translated into English and evaluated by a credential evaluation company.

High School(s):

NAME CITY, STATE DATES ATTENDED GRADUATION DATE

NAME CITY, STATE DATES ATTENDED GRADUATION DATE



Concordia
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Colleges, Technical or Other Post-High School(s):

NAME	CITY, STATE	DATES ATTENDED	GRADUATION DATE
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NAME	CITY, STATE	DATES ATTENDED	GRADUATION DATE
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In the future, I plan to:

Apply for Concordia's accelerated BA program_____ Please indicate which program _____

Apply for Concordia's traditional program_____ Please indicate which program _____

Seek a degree at another institution_____

Signature

I certify that the information given on this application is complete and correct to the best of my knowledge and that I have attended **no institution other than those listed**. I understand that I am responsible for arranging the forwarding of official transcripts of records from schools I have attended, and that such transcripts become the property of the university and will not be returned to me. I also understand that my acceptance to Concordia University, St. Paul is subject to verification by official records, sent directly from the institutions I have attended.

Signature_____Date_____

*Please note that in place of this application, you are welcome to apply online at www.csp.edu.
Additionally, all forms required to complete this application process are available on our website.
We will contact you shortly after receipt of your application to ensure that all of your questions have been answered.*

**Make checks or money orders payable to Concordia University, St. Paul.
Completed applications and application fee should be sent to:**

CONCORDIA UNIVERSITY, ST. PAUL
Office of Undergraduate Admission
275 Syndicate Street North
Saint Paul, MN 55104

Please contact our office locally at **(651) 641-8230** or toll-free at **1(800) 333-4705** for assistance.

