

Application for Admission

Associate of Arts

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. #

_____ Home phone (____) _____
CITY, STATE, ZIP

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

Personal Email Address _____ Work Email Address _____

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

Gender: Male _____ Female _____ U.S. Citizen: Yes _____ No _____ If no, give U.S. Visa Type _____

Country of Birth: _____

If not U.S. Citizen, but if U.S. permanent resident, No. A- _____

Employer _____ Job Title/Position _____

Have you served in the armed forces of the United States: Yes _____ No _____

If yes, list dates _____

Program applying for after completing the AA degree (check one):

Delivery Method: O=online B=online & face-to-face

____ Child Development (O) ____ Public Safety and Security (O) ____ Marketing Management (B)

____ Criminal Justice (O) ____ Human Resource Management (B) ____ Organizational Management (B)

____ Family Life Education (O) ____ Information Technology (B)

I intend to enter the program _____ Online _____ Face-to-Face _____
MONTH YEAR

I do **NOT** intend on entering a BA program _____

List all colleges attended (Please attach a list if additional space is necessary)

Concordia will need an official transcript from **each** college attended. (Graduates of Concordia, St. Paul need not resubmit transcripts)

COLLEGE NAME LOCATION DATES DEGREE

COLLEGE NAME LOCATION DATES DEGREE

COLLEGE NAME LOCATION DATES DEGREE



Concordia
 UNIVERSITY • SAINT PAUL

Religious Affiliation (optional) _____ How did you hear about us? _____

If you wish to apply for financial aid, call (651)641-8204 or email finaid@csp.edu

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 for 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 _____

All forms are found at <http://www.csp.edu/Admission/DegreeCompletion/Documents/AA.html>

*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 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.

Deadline for completed application is 2 weeks prior to the start of classes.



Concordia
UNIVERSITY • SAINT PAUL