



Application for Dual Admission



MCKENDREE
UNIVERSITY

Personal Information

Please provide information as it would appear on legal documentation

Student Name and other Personal Information

Last Name _____ First Name _____ MI _____

Preferred First Name _____ Previous Last Name (if any) _____

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

Address Information

Street Address _____

City _____ State _____ Zip _____ Country _____

E-Mail Address _____

Home Telephone (____) ____ - _____ Cell Telephone (____) ____ - _____

Have you ever had a felony conviction? Yes No

If yes, please explain: _____

Do you consent to a criminal history check? Yes No

A conviction will not necessarily result in a denial of admission.

The federal government requires colleges and universities to report the residency/ethnicity/race background of our students. To ensure our data is as accurate as possible, we are asking that you complete the following section. Please note, you are not required to provide this information.

Are you a U.S. citizen: Yes No

If no, describe your status:

Nonresident alien

Resident alien (and other eligible non-citizens)

Are you Hispanic or Latino? Yes No

What is your race? *check all that apply*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Religious background/denomination: _____

Enrollment Information

Application Information

Semester that you started at SWIC: Fall Spring Summer 20__ (year)

Anticipated McKendree start term: Fall Spring Summer 20__ (year)

I will be a: Full Time Student Part Time Student

What is your anticipated major? _____

Do you plan to live in campus housing? Yes No Have you visited campus? Yes No

Have you attended McKendree in the past? Yes No If yes, please provide dates attended _____

Do you plan to file the Free Application for Federal Student Aid (FAFSA)? Yes No

Please list any activities, including athletics, that you anticipate participating in while at student at McKendree

Educational Background

High School Information

Please list the high school you attended

High School _____ City _____ State _____

Dates attend _____ to _____ Graduation Date _____ OR Date GED obtained _____

High School GPA _____ on a scale of _____ Rank in class _____ out of _____

Surname at time of attendance _____

Are you a member of Phi Theta Kappa? Yes No

If yes, please provide us with a copy of your membership card for scholarship purposes.

Previous Colleges/Universities

Please list any other colleges/universities, besides SWIC, that you have previously attended.

College/University _____ City _____ State _____

Dates attend _____ to _____ Surname at time of attendance _____

College/University _____ City _____ State _____

Dates attend _____ to _____ Surname at time of attendance _____

College/University _____ City _____ State _____

Dates attend _____ to _____

Surname at time of attendance _____

Family Information

Parent Information

For students under the age of 24

Fathers Name _____ Address (if different) _____

City _____ State _____ Zip _____ Country _____

E-Mail Address _____ Home Telephone (____) ____ - _____

Cell Telephone (____) ____ - _____ Occupation _____

Mother's Name _____ Address (if different) _____

City _____ State _____ Zip _____ Country _____

E-Mail Address _____ Home Telephone (____) ____ - _____

Cell Telephone (____) ____ - _____ Occupation _____

Have either of your parents completed a four-year degree? Yes No

Sibling Information

For students under the age of 24

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

Sibling Name _____ Age _____ School _____

McKendree Relatives

Please list any McKendree relatives you may have, date of graduation, and relationship to you

Date _____

Signature _____



Intent to Participate Form



I, _____ (print name), hereby authorize **Southwestern Illinois College** and **McKendree University** to release and provide my academic records and/or supporting documents to each other for the Dual Admission Program.

Information shared in conjunction with the Dual Admission Program includes, but is not limited to, transcripts, enrollment status, degree audit, e-mail and mailing address. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.

I understand that this release is valid during the duration of my Dual Admission between Southwestern Illinois College and McKendree University. I further understand that I may cancel or revoke this authorization at any time in writing. If I do cancel the authorization, I understand I will not be able to continue in the Dual Admission Program.

Student Signature

Date

Student Information:

Social Security Number _____ - _____ - _____

Name _____
Last First MI

Permanent Address _____
Number and Street Apt #

City State Zip

E-mail _____

Home Telephone (____) _____ - _____ Cell Telephone (____) _____ - _____